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ABSTRACT

"Zero to Three" is a single-focus bulletin of the National Center for Infants, Toddlers, and Families providing insight from multiple disciplines on the development of infants, toddlers, and their families. Responding to family needs in the wake of September 11, 2001 terrorist attacks, this issue focuses on infants, toddlers, and terror. Articles contributed by "Zero to Three" board members, staff, and long-term supporters in the philanthropic community document responses to needs of the infants/family field. Articles include the following: (1) "A Long Walk Together: Children's World Learning Center-Pentagon" (Jean M. Thomas); (2) "Observations of Acute Reactions of Young Children and Their Families to the World Trade Center Attacks" (Daniel S. Schechter, Susan W. Coates, and Elsa First); (3) "The Babies Push Us To Be Strong and Stay Loving" (Sandy Wolkoff); (4) "Supporting Parents, Helping Children: Some Questions and Principles" (Albert J. Solnit); (5) "Helping Young Children and Families Cope with Trauma in a New Era" (Joy D. Osofsky); (6) "Protecting Our Children" (Jeree Pawl); (7) Using Relationships To Promote Healing for Staff, Parents, and Children" (Nancy L. Seibel and Rebecca Parklakian); (8) "ZERO TO THREE's Cornerstones Project: A Safe Haven for Washington, D.C.'s Infant/Family Program Leaders" (Elizabeth A. Ford); (9) "Communications Challenges and a New Reality in the Aftermath of September 11th" (Lynette A. Ciervo and Thomas E. Salyers); and (10) "A Challenge for Foundations" (Betty Bardige and Marilyn Segal). The final section of this issue, titled "Voices from the Infant/Family Community," recounts observations from "Zero to Three" readers as events of September 11 affected the children and families they serve. (HTH)

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Infants, Toddlers, and Terror:

Supporting Parents, Helping Children

Infant mental health at Ground Zero and beyond

Perspectives from Samuel Meisels, Albert Solnit, Joy Osofsky, and Jeree Pawl

ZERO TO THREE and its partners respond to new needs

Voices from the infant/family community

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Editor's Note

This issue of *Zero to Three* represents the work of ZERO TO THREE's Infant Mental Health Task Force, a group of Board members, staff, and Fellows who are concerned with improving infant mental health practice, training, services, policy, and public awareness. In the days immediately following September 11th, we turned to each other as others turned to us for help in supporting children, families, and colleagues. We struggled to acknowledge and manage our own intense feelings so that we could be emotionally available for others. It helped to be in touch.

As events unfolded and "high-alert" uncertainty seemed likely to be a part of our lives for some time, we decided to shift *Zero to Three*'s planned publication schedule and devote this issue to the topic of infants, toddlers, and terror. We asked ZERO TO THREE's President and three senior Board members to offer their perspectives. We called on staff members and long-term supporters in the philanthropic community to document responses to needs of the infant/family field by ZERO TO THREE and its partners.

In order to include as many voices from the infant/family field as possible, we invited all readers of *Zero to Three* for whom we have a current e-mail address[1] to respond to two questions:

- In the aftermath of September 11th, what are you observing in the infants, toddlers, and families you serve, and among your colleagues?
- How can we help each other recognize and meet the challenges of nurturing very young children and families while we ourselves are under extraordinary stress?

The response was remarkable. More than 60 people wrote about what they were seeing, hearing, thinking, feeling, and doing. They represent every part of the country and virtually every type of setting that serves infants, toddlers, and families. Some described experiences in the immediate aftermath of September 11th. Others made observations over time or reported on continuing efforts. We have included contributors' e-mail addresses so that readers may contact them directly. Whatever the new year brings, it will help to be in touch.

Emily Fenichel

[1]To receive periodic news from ZERO TO THREE, send your e-mail address to ZERO_TO_THREE@zerotothree.org and ask to be placed on our e-mail list.

Upcoming Issues

February/March 2002 – The Importance of Family and Caregiving Routines, Guest Editor Lorraine Kubicek, University of Colorado Health Sciences Center

April/May 2002 – Agents of Change for Infants and Toddlers in Foster Care

June/July 2002 – Perinatal Mental Health, Guest Editors Linda Mayes and Neill Epperson, Yale University School of Medicine

August/September 2002 – The Musical Lives of Babies and Families, Guest Editor Lori Custodero, Teachers' College, Columbia University

ZERO TO THREE

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Cover photography: Barbara Young

FROM THE PRESIDENT OF ZERO TO THREE

September 11, 2001. All of us continue to struggle to make sense of what happened in New York and Washington that day — to bring this catastrophe into focus, to render the unimaginable comprehensible. Whether it is true or not that the world as we knew it before September 11th will never be the same, clearly our lives have been touched — indeed, have been altered — in texture, nuance, and in some ways, in fact. But these transformations need not all be life denying and disaffirming. Indeed, our experience of shared vulnerability and common purpose can be productively incorporated into the work we do with children and families, the relationships we create with co-workers, and the countless interactions that make up the fabric of our daily lives.

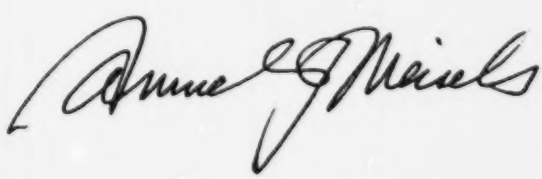
Every act of evil has the potential to draw forth the breath of redemption and healing. Every hurt can teach us something about help. And, with time and perspective, even an act of violence can strengthen our resolve to engage in nurture, caring, and teaching.

As practitioners, researchers, policymakers, and parents committed to our country's youngest children and their families, we must ask how we can continue to build a foundation for growth, change, and the fulfillment of human potential in the face of a world that is full of new challenges, unanticipated risks, and unexpected realities. What have we learned, what are we learning, what do we need to discover?

This special issue of *Zero to Three* is part of ZERO TO THREE's response to the events of September 11th and the continuing uncertainty in which all of us are living today. The contributions to this issue further our understanding of how to help infants, toddlers, and families during difficult, painful times. We speak to each other as practitioners, supervisors, teachers, administrators, researchers, journalists, and philanthropists — and also as parents, family members, husbands and wives, friends, and fellow citizens.

We are fortunate to be part of the infant/family field, for young children can convey a redemptive life force to each of us, despite the catastrophes occurring around us. In this world that has seemed robbed of sanity in the past weeks and months, we can still reach out to one another. Indeed, many of us have experienced a palpable change in our relationships over these months. It's as if a membrane of reserve or unresponsiveness has been broken, uncovering a reservoir of good will. We can tap this reservoir and use it to nurture the knowledge, experience, and judgment that are growing out of what we have endured and are enduring. We can renew our commitment to the lives of children, the support of families, and the urgency to help, to care, to know, and to heal.

At ZERO TO THREE, we hope that this, too, will be part of the enduring legacy of September 11th.



Samuel J. Meisels
President

A Long Walk Together:

Children's World Learning Center — Pentagon

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Professor of Psychiatry
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Photo: D. Michael Hostetler

The author gratefully acknowledges Shouh-Rong Vivian Tsai and staff of the Children's World Learning Center – Pentagon for their additions and invaluable insights.

Tuesday, September 18, 2001: Children's World Learning Center — Pentagon was open for the staff only. The Department of Defense was discussing new safety measures it would require of this privately operated child care center, on the grounds of the Pentagon, before more than 100 children, from 6 weeks through 4 years of age, would be allowed to return.

Sitting on small chairs in the 3- and 4-year-olds' classroom were Elizabeth[1], the Director, Dr. Z., the Center's educational and developmental consultant, corporate management and other administrators, teachers, other staff — more than 30 people — and me. Four days earlier, on Friday, September 14, an administrator of the Children's World Learning Center Corporation had called ZERO TO THREE, asking for the name of someone who might provide crisis consultation to staff at the Pentagon Learning Center, in the aftermath of the September 11th terrorist attack. ZERO TO THREE staff suggested me — a child and adolescent psychiatrist and graduate ZERO TO THREE Fellow — and the Infant and Toddler Mental Health Center at Children's National Medical Center (CNMC), in Washington, D.C., as likely sources of both immediate and ongoing assistance. The administrator called the same day. Over the weekend, I consulted with my Department Chair at CNMC and cleared my calendar so that I could go to the Pentagon Center as soon as possible.

I began by acknowledging that for everyone, fears and anger were expectable responses to the September 11th attack. Each of us had different styles of coping. Each style would be respected. I briefly described how we at CNMC, miles away from the Pentagon and across the Potomac River, had seen smoke rising from the Pentagon all day. Then I listened. Gradually, one of the teachers began talking about their long walk to safety with the children on the 11th. Then, with a growing sense of relief, others began too. Together they told this story.

BOOM!!! Stunned silence, then a spontaneous wave of heroic will spread through the Center as teachers, administrators, and staff slid some babies into wheeled cribs and took others in their arms. With toddlers, 2-, 3-, and 4-year-olds in hand, they led the children out of the Center's freestanding building on the Pentagon grounds, across the parking lot, and into the grass that separates the Pentagon complex from a busy highway. Fire and smoke to their backs, they gently directed tender young

[1] *Names of Learning Center staff, consultants, and children have been changed.*

eyes and feet toward safety. One hundred thirty-eight children walked with or were carried by the teachers, administrators, and other staff through the rough grass to vistas of safety ahead. The group thought they had found a haven, but soldiers came and urged them on further. They crossed a footbridge over a small creek and came to a grove of trees. Once there, another brief sense of peace.

The children were quiet. No crying, no fighting. Knowing how children cue their sense of safety to those in charge, each caregiver held her personal fears within herself. Each a strength containing the next, together they led all the children to a third resting place. Pushed once again, they crossed the highway, with marines parting the flood of cars. Once the group was across, marines lifted cribs, babies. and children over concrete barriers to another grassy area so adults and children could continue their walk to the Potomac River, the furthest spot from the Pentagon that this group could reach on foot. The caregivers remained focused on their mission of safety throughout the 3-hour walk. Reflecting the calm of their leaders, children waited quietly on the riverbank for up to an hour until parents gradually arrived. One 9-month-old slept throughout the entire evacuation.

Among those waiting was 20-month-old Lily. When her father arrived, she jumped from Dr. Z's arms into his. Lily then became agitated, repeating over and over, "Mommy, Mommy. Want Mommy." The father told Dr. Z. that since Lily's mother worked at the Pentagon, he had expected that she would have picked Lily up already. He explained that he would take Lily to his parents' home and then go back to the Pentagon to look for his wife.

As Center staff steadily poured out their individual stories, they shared their collective experience. By this time parents had begun coming into the room, bringing gifts and words of appreciation — "heroes" was the word heard over and over again. Now newly released feelings were emerging. I acknowledged that they were indeed heroes, and also acknowledged their fears, angers, and stoic silence. We would talk together again tomorrow. I would be with them most days for 3 weeks.

Although the Center was closed, a father had heard I was there and brought his 4-year-old son to see me. Both parents were in the military; on September 11th the mother had been away on duty. The father shared their concerns about the boy. Fears, sleep problems, and aggressive behaviors of a year ago had returned with greater force since the September 11th attack. The boy drew pictures of dark smoke and raging fire. He talked in precocious detail about the September 11th attacks. The Center teachers had made every effort to keep the children from seeing the flames, smoke, and destruction at the Pentagon, but this child had absorbed information from television and adult conversations. He said his mother was coming home tomorrow. We planned the second meeting; the family would return together soon.

That evening, I asked the Director if she wanted time to talk. Elizabeth said, no, that she was feeling fine. Then I asked if I could bring my young colleague Vivian, a master's-level counselor, with me the next day.

Having braved the first day at the Center alone, I called Vivian. She and I had worked side-by-side for the past 2 years and most recently collaborated with Irene Chatoor, M.D., in establishing the Infant and Toddler Mental Health Center at CNMC. Several days later, as Vivian and I walked into the Center, it became clear to me how much we needed each other's support.

Wednesday, September 19: Elizabeth greeted Vivian and me with her quiet, warm smile and invited us to join her in her regular morning walk around the Center. No children were coming to the Center today. Walking together, the three of us carefully surveyed the entire Center, the single broad corridor, each of the 11 classrooms, and every cranny of the play yard.

With Elizabeth, Dr. Z., a psychologist from corporate management, Vivian, and I listened to the group of teachers and other staff. Vivian recalls the words she heard as the caregivers again gradually opened their hearts.

I wake up with the slightest sound, thinking something is going to happen.

I find myself glued to the TV. I have a need to know what is going on.

I feel so scared when my children are not with me. I'm just scared that something will happen to one of us.

I always believed that God put me at different places for particular reasons. I felt at peace that day. I knew I was put here for a reason. I actually had plans to travel home that weekend, but I knew that He would want me to stay here. Everyone at home was fine. I needed to help people here.

I have never cried in front of my children and husband. I'm the type who will hide myself in the bathroom or go

at a glance

On September 11th, staff of the Children's World Learning Center-Pentagon guided more than 100 children, ages 6 weeks through 4 years, from the Pentagon grounds to safety. One week later, the author and a colleague from the Infant and Toddler Mental Health Center at Children's National Medical Center, Washington, D.C., began to consult with Center staff and parents, in groups and individually, almost daily for 3 weeks. The work then shifted to twice-monthly visits, designed to help parents and caregivers mutually support the resilience of each other and the children.

to the bedroom. That day, seeing the smoke and the wreckage, I think that was my breaking point. I couldn't stop sobbing like a little baby. All that was flashing through my head were those lost souls and what they were thinking at the time of impact. My son picked me up that day, and I couldn't stop crying. It's funny, now I remember that my husband many times has tried to comfort me and said, it's okay to cry with him.

Many talked and many remained quiet. I remember that Martha sat stoically, her eyes wide open and damp, the flood of tears tenuously held back. Later that day, I caught Martha alone. Quietly, I reminded her that I would be at the Center on a regular basis for much of the next 3 weeks and then less often. I said I would be there when she wanted to talk, whenever it was good for her, and in her own way. Then, each day, I touched her on her shoulder, smiled, and whispered a brief reminder that I would be there.

I also sought out Elizabeth, who invited us to come earlier the next morning, at 7:00, to go with her on her regular walk through and around the Center.

Thursday, September 20: During our walk around the Center, Elizabeth told Vivian and me that the Center was going to close because of additional Department of Defense safety concerns. There were no plans to reopen. Not even staff would be in tomorrow. Elizabeth was sad for the caregivers. Could she find placements for all of them? They needed each other as well as their jobs. She was sad for the children, who desperately needed to regain their sense of security in the Center that they knew and trusted. Elizabeth and Dr. Z. remembered that on September, 13, 14, and 15, before the Center had been closed to children, parents who had brought their children back to the Center told her that many of the children's acute responses to the attack — sleep difficulties, increased whining, and clinging — were normalizing. She knew that for the children and the families, recovery would be much more difficult without the comfort of the familiar Center. It was a somber day.

Tuesday, September 25: On Monday, Elizabeth called to tell me that the Center would reopen after all. Arriving at the Pentagon this morning, Vivian and I found concrete barriers keeping cars — and potential terrorists — away from the Center building. Soldiers were posted around the Center and police with automatic weapons guarded the entrance. Nevertheless, energized chatter and hugs warmed all, as children who had been at home or in emergency placements returned with their parents.

That morning, and many more mornings to come, we talked with parents as they dropped off children. Many had questions. Some needed privacy; some made appointments to talk. We stopped by the baby room, the 18- to 30-month-old room, and the 3- and 4-year-old room. As parents lingered, moving slowly away to go to their work, many children became clingy, needing extended soothing by parents and then caregivers. Babies and toddlers crawled into caregivers' laps. Other children moved more easily to gross motor toys or self-soothed on a cot with thumb in mouth and blanket in hand. Gradually all settled quietly into their ongoing work of being with, playing, and caring.

A 3-year-old girl and a 4-year-old boy were playing. In the girl's hand, 5-inch Tigger was jumping up and down, agitating because he didn't want to get out of bed and go to school. Tigger said he had had a bad day. In the boy's hand, 5-inch Pooh came to the rescue. Pooh had medicine to help Tigger feel better, and finally Tigger walked to school. But Tigger relapsed quickly; this time he had hurt his foot. Again Pooh came quickly to the rescue. Both children cheered for Pooh and danced together, but Tigger continued to need help and to need a rescue again and again.

We learned later that Tigger's 3-year-old friend had been going through a family divorce and Pooh's 4-year-old friend had old fears resurface with the September 11th tragedy. These children, like some others who had been experiencing stresses at home before September 11th, were especially vulnerable. They needed the calming continuity of the Center even more than those who had fewer stresses before September 11th.

Wednesday, September 26: Brenda, a lead teacher, returned to the Center. She had missed both the first and second week after the tragedy and the first day of reopening. Elizabeth introduced us immediately. Brenda and her coworker Anne were sorting the Center's supply of baby clothes separating the almost new from those too worn to use. Anne had missed Brenda and was concerned for her, as was Elizabeth. But Anne also missed Brenda as her mentor.

Vivian and I sat down on small chairs near Brenda and Anne. We asked if we could help sort and fold the small shirts and pants. Brenda was sitting in the open door between classrooms. Her right side was toward the 3- and 4-year-old children, who were playing together and appearing to ignore her solemn words and questions as she began to talk. Then Brenda asked us to sit closer; she continued talking, with her eyes directed down.

Brenda said she wasn't sure she could come to work today, but she pushed herself because she knew she had to. "Just approaching the Pentagon was terrifying," she said. "But I walked through it, taking my usual route, familiar yet. . . ." This was her first self-designed hurdle. She had made it.

She again dropped her now-brimming eyes. She was worried about a child who had graduated from the Center, whose mother worked in the Pentagon and had been killed in the attack. Brenda had known them both well. She wanted to call the family. But what would she say? She paused abruptly....

"Can I ask you some questions?" Brenda began, as children continued to be absorbed in their play behind her.

"Should I go there, to the place I picked for myself during the evacuation?" she asked. Brenda recalled how she and her fellow teachers had guided the 138 children away from the loud boom, away from the fire and smoke. With the others, Brenda had kept her focus on protecting the children. She had not thought about the danger to herself. "Why was that?" she asked. "How do we shut out the fears — the ones I am reliving now?"

Then Brenda described her second hurdle. She said, "I want to go there. I want to go back to my place of peace. It was a soft, green place, against a tree. I picked the place because it gave me peace to think that I would be away from the group. My family could find my body. I found this place of peace just after I talked with an officer. He had warned us to take shelter." She had understood he was telling her to protect herself and the children from the bombs anticipated any minute. So Brenda had identified her place of peace. "Should I go back? I want to but I'm afraid." She thought it was important for her. But she was scared. "Should I go back?" she asked again.

I said, "If you want to go back, go, but take a friend or someone you feel safe with. It is important to be with someone." Brenda looked wordlessly at me, struggling to sort her feelings. "Do you need some solitude, some time alone there?" I asked.

"Yes," she nodded.

"If you take someone along with whom you who you feel safe, you could ask her to stand at a distance so you can be alone in your place and have a friend near, as well."

She smiled. Her cascade of tears slowed to a trickle.

"Do you know someone you would like to ask to go with you?" I asked.

She nodded yes and asked, "Would you go with me?"

Leaving the Center, Brenda, Vivian, and I pulled our light wraps closer to our bodies as the nippy wind threatened to pull them away. Together we walked across the parking lot and into the grass, following the trail of the 138 evacuating children and their Center caregivers. As we approached the footbridge they had crossed, we saw that, to the left, a yellow ribbon perimeter separated us from mounting piles of twisted metal and various other remains that had been removed from the incinerated hole where the Pentagon's south wall had been. To the right, the yellow ribbon wrapped round and round the bridge kept us from reaching Brenda's place of peace. We stood quietly at the bridge and acknowledged with eyes and words that someday we would come back together.

Thursday, September 27: Each day that I came to the Center, I deliberately sought out and found occasions to be alone with several of the more reticent caregivers. The expression in Martha's eyes the week before haunted me. Each day I had looked for her alone. Each day I had touched her lightly to let her know I was still there. Today I did the same, but today Martha found me 15 minutes after I had greeted her. She began pouring out the story of her cousin, lost in the World Trade Center. Tears were flowing now. She and her cousin had been raised as sisters and now, with her cousin's death, Martha had legal responsibility for her cousin's young children.

Then Martha told me of her 12-year-old son, who, on the 11th, had bolted from his school to rescue his mother at the Pentagon. The 12-year-old, wild-eyed with fear and responsibility, was stopped before he ran into the street. He could not settle until he finally saw his mother. Then, each night he had crawled into her bed to sleep, something he had not done in many years.

Friday, September 28: Martha found me again and held me spellbound with her story of the night before. She had talked with her two children at dinner as they usually talked. Her son said he could not believe his mother had cried in front of "those people." She assured him that she had cried and that she felt better. He must have felt her healing, as that night he announced that he was ready to sleep alone again. Like the younger Center children who were healing as their parents healed, he felt healed — freed from his extraordinary sense of responsibility and able to be a 12-year-old boy again.

At the very beginning of our relationship, Center administrators and I had agreed that after our intensive work for 3 weeks, I would continue to visit every other week beginning in October. During October and November, the Center moved for 3 weeks to a nearby hotel while additional safety measures were installed in its building. Vivian and I continue our twice-monthly work, with continued focus on staff wellbeing and expanded focus on working with caregivers and parents together to help children as needs emerge. Part of this work involves helping caregivers and parents listen and observe children closely as they work through their experiences in play in the context of the safety familiar adults provide.

On September 11th, the long, calm walk to safety of children and caregivers together protected the children. The Center caregivers had held their fears inside to contain the anxiety of their young charges. They were heroes.

Parents, caregivers, and children have another long walk together as they acknowledge ongoing fears, sadness, and anger, and as parents and caregivers mutually support the resilience of each other and of the children.

Observations of Acute Reactions

Of Young Children and Their Families To the World Trade Center Attacks

Daniel S. Schechter, M.D., Susan W. Coates, Ph.D., and Elsa First, M.A.[1]

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Following the terrorist attacks on the World Trade Center (WTC), mental health professionals assessed and treated members of affected families that included very young children in a variety of settings: disaster relief centers, hospital emergency rooms and clinics, as well as in private practice.

One volunteer organization of mental health professionals, Disaster Psychiatry Outreach (DPO), the work of which dates back to the crash of Swissair Flight 111 in 1998, set out to provide crisis intervention, assessments, and referrals for family members who had lost loved ones, homes, and jobs (Lagnado, 2001). The Family Relief Center, which housed the DPO, Red Cross, and other relief agencies, as well as NYPD investigators, was initially located at the Lexington Avenue Armory on the Upper East Side of Manhattan. However, because of much greater than anticipated demand for services, it soon had to move to much larger space at Pier 94 on the Hudson River.

Pier 94 is a huge aluminum-sided structure, several miles north of the WTC. It was originally designed to accommodate the needs of the shipping industry. In the weeks following September 11th, it would hold many dozens of temporary booths with workers from federal, state, city, and independent nonprofit organizations. There is also a memorial wall the length of a large high-school auditorium with photos of the "missing," where families left notes and flowers in the days after September 11th. This wall came to be called the "Walk of Bears" as hundreds of teddy bears that had been sent by children who had suffered the effects of the Oklahoma City bombing in 1998, were placed on the floor underneath the photos. In the days after September 11th, the entire interior of Pier 94 became a collective holding environment for bereaved and survivor families, as well as for federal, city, and nongovernment agency workers. Many New York restaurants supplied free food for all comers in two cafeterias. Bereaved adults and children, and other survivors who often had nowhere else to go during those early dark days, could be seen cuddling stuffed animal toys and petting real, trained "therapy dogs" that were circulating with the gracious volunteers who had brought them from all over the country.

The Kids' Corner and Other Psychological Oases

From the very beginning of DPO's response to the WTC attacks, child psychiatrist Desmond Heath decided that the effort needed to include "a safe area for the kids." He created the "Kids Corner" as a place where children could play and talk as needed about their responses to the attack in an atmosphere of understanding — a dream fully realized at Pier 94. The Kids Corner was located centrally so as to be inviting both to families who passed by as they circulated among other agencies and to those families whom mental health volunteers brought to the Corner. (Volunteers often accompanied survivors as they filed missing persons' reports, participating in the grim process that might lead to the identification of remains and, in the absence of a body, obtaining death certificates so that families could then claim benefits.)

[1] We are grateful to Cassandra Cook, Victoria Hamilton, and Zina Steinberg of the Parent-Infant Program for their helpful editorial suggestions. We particularly needed their support at this time because we were all traumatized by the WTC attack and as a result found it quite challenging to organize our thoughts and write about it.

Faculty from the Parent-Infant Program of the Columbia University Center for Psychoanalytic Training and Research volunteered at the Kids Corner, in what became for children and parents a psychological oasis where they could play, talk, and be with other children who had experienced the trauma of the WTC. The children's space had connecting play and seating areas with ample play equipment, books, toys, and — at our suggestion — fire engines, police cars, rescue vehicles, and building blocks. There was also a painting and crafts table. Children took satisfaction in seeing their signed artwork mounted all around the walls of the Kids Corner, knowing that others similarly affected would see it. An adjoining family consultation area had comfortable sofas, chairs, and a coffee table with boxes of tissues. Parents were immensely grateful for this refuge — many came even without their children to talk and seek counseling on what to tell their children. This hunger for advice was greatest during the 2 weeks following the attacks, when many people held on to the hope that because no body had been found, their loved one might still return.

Defenses and Dilemmas

As we listened to adults who were caring for very young children whose parents were lost in the WTC attacks, we came to realize that these adults' protective psychological defenses — above all, shock and disbelief — sometimes prevented them from appropriately addressing their children's emotional needs. For example, a man who is the father of a 2-year-old girl and who lost his wife during the WTC attack, told Dr. Schechter that he was haunted by his daughter's separation anxiety, crying, and sleeplessness. "Her (maternal) grandmother told her," he said, "that Mommy got stuck on the subway and will be coming home as soon as they get it working again. I'm not sure that's the right thing to tell her." Later the father reported that his daughter could not walk by a subway stop without asking, "'Mommy there?" The question brought her grandmother to tears. "My daughter's killing her grandmother," he said. This family was referred for ongoing treatment. An aunt caring for her 2-year-old nephew told us that she had told him that his mother, lost in the WTC, "was away on business . . . at a meeting." Then she said, "Little Andy told me to get out of the room and threw a truck at me — he never did anything like that before."

These toddlers knew that their lives had truly changed even as the adults around them, still in shock, were trying to go on "as usual." The raw anxiety, rage, and despair of very young children flew in the face of the adults' protective defenses. The WTC tragedy helped us to understand how often parents and other adults are unaware of the ways in which infants and very young children are attuned to their caregivers' inner worlds, even when adults are valiantly trying to put on a good face. Indeed, several mothers who came to the Kids' Corner with concerns about their school-age children assumed that their 4- to 12-month-old infants were "too young" to suffer from any effects of the tragedy. However, when asked by DPO clinicians about their infants and given time to reflect, as well as helped with feelings of guilt over not being more available to their babies while so preoccupied with their lost family members, jobs, and homes, these mothers — to their surprise — connected their infants' marked dysregulation of sleep and other behaviors with their own states of physiologic dysregulation in the wake of their sudden losses. Many adult caregivers found themselves guiltily annoyed by reminders that very young children were not satisfied by well-meaning but false attempts at reassurance. These observations are well illustrated in the following case vignette of a 3-year-old Honduran-American girl seen at the Kids Corner by Dr. Schechter and Ms. First. This vignette also shows the complexity of single trauma-focused interventions, in which clinicians have had no prior knowledge of the family seeking help and following which no assurance is given to the families that they will be seen again.

Maria: Drawing Her Father's Dreams

Maria had settled at our play-table with some crayons and paper while her father, Mr. P, waited to speak to a benefits counselor at an adjacent booth. He had lost his job as a cook because of the WTC attack. Maria was a wide-eyed girl with shoulder-length black hair, dressed in a pink jumper. She spoke animatedly in Spanish. Maria's mother was at home with the girl's younger brother.

Maria began to scrawl intently in bright overlapping reds, yellows, and black. She readily told us that she was drawing the buildings that "fell and burned," adding that she had seen this on television. Like so many New Yorkers, this family saw television replays of the WTC attacks again and again, initially unsure as to whether they were watching the murder of Mr. P on the screen. Maria told us that her father had escaped from the WTC, where he had worked, as the buildings collapsed. She emphasized that her father's lungs had been filled with smoke so he could hardly breathe. While her father was running from the WTC to get home, burning pieces of the building fell on him and burned his arms — "He has marks from the fire on his arms!"

Maria's father later told us that Maria was waking from nightmares, too frightened to sleep in her own bed. Like many

at a glance

- In New York City, mental health professionals assessed and treated young children and families in disaster relief centers, hospital emergency rooms and clinics, and private practice settings.
- Many caregivers who were traumatized both by sudden loss and by experiencing or witnessing the September 11th attacks became temporarily "emotionally lost" to their children.
- Very young children showed attunement to their caregivers' inner states and communication, and struggled to make meaning out of their parents' reactions and the shards of information they heard.

New York City children, Maria had been sharing her parents' bed since September 11th. A second drawing repeated the wild scrawl of bright fire with one addition — a thick black monolith — both a charred tower and a black void.

Mr. P came over to check on his daughter while waiting for some forms to be processed. Dr. Schechter asked him about the trauma his daughter had described. He was surprised: "I was not anywhere near the WTC," he said, and asked incredulously, "She told you I was there?" Mr. P had indeed been employed as a cook at Windows on the World (the old burn scars came from grease that had splattered on his arms), but he had exchanged the breakfast shift with a colleague the week prior to the attack. On the morning of September 11th, while his daughter had stayed home with her mother in Queens, Mr. P went out to do some errands in Manhattan, but he was nowhere near the WTC. He did have to walk across the 59th Street Bridge to get back home after all bridges and tunnels had been closed following the attacks.

Dr. Schechter asked Mr. P how he was doing. At first, Mr. P — a young man, slight and soft-spoken — wanted to downplay any troubles of his own. It took two or three further gentle probes for him to reveal that he was profoundly distressed by the loss of his co-workers at Windows on the World. He struggled with feeling responsible for having switched shifts and also because he had found work at the WTC for some of his friends. His agonizing survivor guilt took the form of feeling obliged to vividly imagine how his friends had died — the fire, the smoke, and what they had felt. He, like his daughter, had nightmares, from which he awakened several times a night, only to ruminate over their deaths.

After Mr. P spoke, Dr. Schechter exclaimed, "So your daughter is drawing your dreams!" Mr. P appeared shocked that his daughter's drawings and fantasies (and perhaps nightmares) so closely resembled his own nightmares, since he had not discussed them with her. He said, "Every night when I close my eyes, I see all my co-workers trapped in the smoke and burning up, and there's nothing I can do to save them." His eyes filled with tears as he said, "I guess I'm lucky — it could have been me there. But I miss all of my friends — I am sorry for the guy who took my place — I pray for his family."

This conversation, in Spanish, between Dr. Schechter and Maria's father continued in English with Ms. First and was carried on within earshot of Maria, sometimes intentionally including her. After this Maria turned to drawing a picture of her school, a low rectangle with many windows and doors. She emphasized that there were as many doors as windows, and counted them. Ms. First remarked that perhaps she meant that there were many openings, many ways to get out of the school so that it would be safe if there were a fire. Did she mean her preschool was safe, Ms. First asked? "Yes," replied Maria.

We think this vignette shows how a 3-year-old little girl pieced together a story from bits and pieces of reality. The fantasy that her father had been engulfed in smoke and flames evidently condensed her profound recognition of and sympathy with her father's survivor-guilt with her pressing fear that she might have lost him — a form of intergenerational transmission of acute traumatic stress. Contrary to her father's expectation, the opportunity to hear him share his psychic reality, as well as the facts of his whereabouts on September 11th, seemed to be therapeutic for Maria.

We gave Mr. P the phone number of a mental health referral network and we asked him for his permission to make a follow-up call. He agreed. As promised, Dr. Schechter called the following week. Mr. P answered and spoke of how his daughter and infant son were busy at play. Since our meeting, he reported, the little girl's symptoms had subsided, although she still needed to sleep in her parents' bed. He also said that his own symptoms were better, he was receiving benefits, and he was hopeful that he might get another job. He had not felt the need to bring his daughter back to the Kids' Corner and had no plans to seek further evaluation or treatment for himself or his wife or children at the time of the follow-up.

This vignette supports the usefulness of a relationally, developmentally based construct of acute stress disorder, a disorder closely resembling posttraumatic stress disorder (PTSD), yet with an emphasis on acute dissociative phenomena and an acute onset within 28 days, followed by a course limited from 2 to 28 days (American Psychiatric Association, 1994).[2] In fact, "ASD or PTSD a deux," recognizing its two-person nature, may describe the effects of the WTC attacks on many young children who were not in the immediate vicinity of the attacks (Regehr, Hemsworth, & Hill, 2001; Scheeringa, Peebles, Cook, & Zeanah, 2001; Scheeringa, Zeanah, Drell, & Larrieu, 1995). Many caregivers who were traumatized both by sudden loss and by experiencing or witnessing the attacks became temporarily inaccessible or "emotionally lost" to their children, many of whom were already struggling with the physical loss of a parent. For some caregivers who were traumatically stressed, and therefore unable to contain their children's anxiety, the effect was tantamount to sharing their traumatic stress with their children.

As described by the preschooler in the above vignette, the situation following the WTC attack was further complicated by repeated exposure to television coverage. This factor has also been found to contribute to traumatogenesis following the Oklahoma City bombing (Pfefferbaum et al., 2001). Of note, the media repeated the footage of the WTC attacks many times from multiple perspectives, as most New Yorkers remained glued to their television sets. And, as many traumatized individuals do, New Yorkers spoke compulsively of what they had experienced on September 11th in real life, their reports often mixed in with what they had seen and heard on the television and the Internet. While many parents made

[2] The usefulness of the concept of "Acute Stress Disorder" (ASD) as distinguishable from "Posttraumatic Stress Disorder" (PTSD) for children, and especially very young children, is controversial. While it is thought that the time course of symptoms of PTSD in young children may be shorter, possibly also with generally acute onset following the trauma, there is not enough data to evaluate ASD as a distinct construct in the case of young children. The DC:0-3 refers simply to "Traumatic Stress Disorder" without making such a distinction (ZERO TO THREE, 1994). We refer to both disorders here together as defined by the DSM-IV.

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efforts after September 11th to restrict children's access to the news media, many parents did not realize the extent to which their conversations about what they had seen and heard were taken in by even very young children, who often could not distinguish the source of the information or the referents.

This was true for families with very young children seen in the Disaster Relief Center as well as in the private practice setting.

Patterns of Acute Reactions Seen in Private Practice

Among patients in her private practice as a clinical psychologist specializing in the treatment of young children, Dr. Coates observed three distinctive patterns emerging after the attacks on the WTC. First, many patients, both adults and children, who had previously resolved symptoms of anxiety and depression became symptomatic again. Second, many husbands and wives had very different reactions that became sources of great contention and divisiveness. Third, children and adults who lived closer to Ground Zero had more severe acute stress reactions, with many more flashbacks and startle reactions to sirens, than those who lived uptown. These three factors are consistent with the trauma literature (Pfefferbaum et al., 1999; Schechter & Tosyali, 2001), and were all at work in the A family, described below.[3]

Sara and Her Family

The A family, a couple in their 20s with a 2-year-old daughter, Sara, lived about 25 blocks from the WTC. On the morning of September 11th, Mrs. A was at home with her daughter and nanny when she heard a loud low-flying plane and then a blast. She turned on her TV and saw images of the first and then the second plane attacking the WTC. She frantically tried to call her husband, but all the phone lines were dead. She knew he was nearby and not in immediate physical danger.

Mrs. A left Sara with her nanny and went into the street, where she witnessed the WTC buildings burning and saw hundreds of people racing uptown, covered in ashes and debris. One of her friends ran all the way from a building across the street from the WTC to the A's apartment. She arrived in a panicked, hysterical state, sobbing and almost unrecognizable from the ashes covering her. Sara was in the room when the friend arrived, but Mrs. A has no recollection of Sara's reaction. Mr. A returned home within an hour.

Dr. Coates had previously worked with this family when their daughter Sara was 10 months old because she had "never slept." Mrs. A had suffered a post-partum depression, and the parents worried that this may have created "an attachment disorder." They were concerned that Sara never objected when her mother left the room or apartment. Upon evaluation, Dr. Coates found no evidence of a serious attachment disorder. Sara was an attractive, robust little girl who readily connected with the examiner, showed minimal stranger anxiety, and was very curious about toys in the playroom. The evaluation did reveal that Sara's verbal development was 3 months delayed and that she had subtle difficulties with attachment. She did not look at her mother when assessing a novel situation and made no attempt to share her discovery of new toys with her. In fact, she rarely looked at either parent. However, within a year of parent-infant psychotherapy, Sara's symptoms abated. She was able to sleep at night, become much more interactive with her mother, enjoyed playing games with her, and began to protest for the first time when her mother left her.

Days after the WTC attack, Mrs. A called for an appointment to come talk about her experience on September 11th, saying that she was overwhelmed. Dr. Coates suggested that she and her husband both come for an appointment. During the first session Mrs. A. was sobbing, describing how terrified she felt; she feared that she could not protect herself and her daughter. At home she had a suitcase packed, ready to leave the city and return to her parent's home in New England at a moment's notice. She felt that she was constantly braced, fearing the next attack. She complained that her daughter had "turned into human Velcro" and would not even let her go to the bathroom alone. Sara was whining and crying and, once again, had developed severe sleep problems. Neither parent related their daughter's reactions to the WTC attack. They felt that Sara was too young to understand what was going on. They did not see that Sara was reacting to their reactions.

Mr. and Mrs. A were enraged at each other's reactions to the WTC attack. He was demeaning of her anxiety and panic. He was grateful that they were alive, that they had lost no one close to them, and he believed that they should "forget about it and get on with their lives." He viewed her reaction as hysterical and crazy. For her part, Mrs. A felt that her husband was crazy, because she believed that he had no apparent emotional reaction whatsoever, no comprehension of what had just happened, and no appreciation of the danger that she believed the future held.

Dr. Coates saw the couple for two sessions in the first week, without Sara. During the first session, Mrs. A described the details of what was for her a harrowing experience on September 11th; her husband remained silent, though looked concerned. Dr. Coates listened to her story, acknowledged her fear, and let her know that everyone was scared — including her. Mr. A said that the experience was over, that they had lost no one, and that they had to get on with their lives. Dr. Coates helped him to acknowledge that it had indeed been scary for him as well. She tried to normalize the differences in their responses, saying that many couples in the city were discovering that they had great differences in their reac-

[3] Although the reactions of people who lived below 14th Street, close to the WTC, were far more intense than the reactions of those who lived several miles uptown, we assume that there were significant individual differences in parents' ability to protect their children from this trauma.

tions to September 11th. She commented that this difference was causing stress for couples all over the city and tried to help them develop some understanding of each other's reactions. Mrs. A began to think that they all should go to New England to live permanently. Dr. Coates suggested that they keep that open as an option as they tried to sort things out in the next weeks. (In fact, many people with young children — especially those living close to the WTC — left New York City permanently immediately following the WTC attack.) By the end of the third week, the A's were no longer considering leaving as a likely possibility.

Dr. Coates tried to link Sara's "human Velcro" behavior and sleepless activity to the WTC. The A's said that they had never thought of that possibility. Dr. Coates told the parents that she had read in the newspaper that a survey had found that 40% of American children across the country had slept in bed with their parents after the WTC bombing and that she thought that surely the rate had to be higher in New York City.

The following week (now 3 weeks after the WTC attack), Dr. Coates saw Sara in a play session. Sara began playing with an alligator puppet, intensely attacking a bear puppet that her mother was holding. Then, in a rather aggressive way, Sara tried to have the alligator puppet bite her mother's arm and then her face. The mother asked her not to put the alligator in her face and to be gentler. Sara was able to comply. Then Sara asked her mother to be the alligator. They switched roles back and forth in their play. When Mrs. A was the aggressor she played with Sara in a very gentle and humorous way, singing to Sara, "I'm going to get you." The mother gently took the alligator puppet and tried to nip the puppet bear. Dr. Coates, Mrs. A, and Sara talked together about having scary, frightened, and angry feelings. Sara seemed calmed at the end of this session.

In the following weeks Sara's symptoms began to decrease. Dr. Coates helped the parents to understand how common separation and aggressive responses are after a trauma of this magnitude. A few weeks later, the family decided to take a 2-week vacation to "get away from it all" by visiting Mrs. A's family in New England.

Additional Observations

In addition to the three patterns of reaction described by Dr. Coates, all three authors of this report have noted that many survivors react with great distress to awareness of resemblances between their children or other family members and the person killed on September 11th. The living relatives serve as traumatic reminders of loss. In one family seen at Pier 94 by Dr. Schechter, the sister of a WTC victim, who closely resembled the victim, came to New York to care for her preschool-age nephew and niece. As she had not brought enough warm clothing, the children's aunt wore one of their missing mother's sweaters, precipitating acute distress in her 3-year-old niece. This reaction came as a complete surprise to the aunt and the child's father. As described in ZERO TO THREE's *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (1994), one of the manifestations of Mood Disorder: Prolonged Bereavement/Grief Reaction is "[t]he child may become extremely sensitive to any reminder of the caregiver, showing acute distress when a possession that belonged to the caregiver is touched by another or taken away" (p. 24).

The father in this family was particularly ambivalent over his parting with his wife on the morning of September 11th. He could only recall curt words exchanged through the bathroom door as his wife, on her way to give a speech at a business meeting and afraid of being late, rushed to the WTC. Now he had recurrent dreams, full of the good-byes he might have said. The father and children associated unspoken good-byes and what would turn out to be a false assumption, that all would be as usual after mom returned from work, with the dead woman's sweater. According to the father, "That cardigan had to be put as far back into the closet as it would go — and soaked up a bunch of tears on the way."

We have learned many painful lessons from the terrorist attacks of September 11th, not least of which have been those taught to us by infants and very young children: how these children's separation reactions broke through the adults' shock and numbing reactions, how attuned these children have been to their traumatized caregivers' inner states and communications, and how much they have struggled to make meaning out of their parents' reactions and the shards of information they were allowed to hear. And how they simply cried and cuddled their teddy bears when no further meaning could be made.

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The Babies Push Us to Be Strong and Stay Loving

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Janet, a former client, was on the phone, speaking quickly through the bad connection on her cell phone. She said we had helped her family so much in the past, she wondered if we could help her now. The call had come in about 9:15 on Wednesday morning, September 12, and I was having a hard time remembering who she was and an even harder time paying attention to her. The staff had just shown up at work and was already glued to the radio. We are all worrying about our own friends and families, stories tumbling out of our mouths, tears following close by.

I was preoccupied with my own thoughts, worrying about my older son who had come back to our house the previous night, too scared to stay in his apartment in the city. He had witnessed the planes crashing into the towers, transfixed by the unobstructed view from the rooftop basketball court provided by a once flush internet company; had gasped and moaned with his colleagues, still kids really, fearing more attacks, reflexively ducking when the first F-16's flew directly overhead. He spent hours telling us what it was like in the city, the smell and the smoke, the panic in the street, the fear about bridges and tunnels closing, or worse. It was my son's voice that I was still hearing in my head when I again asked Janet what the problem was. She answered that her family was worried about her sister-in-law Laura and her children — a 4-year-old, a 2-year-old, and a 3-week-old. Laura's husband was missing and presumed dead —the second plane, the one that hit the south tower of the World Trade Center, had crashed directly into his office. She hoped we would be able to help the family as they coped with the tragedy and be available to work with the children. I told her that we would do whatever we could and she said she would call back.

The day continued to bring more painful stories, sometimes with horror and miracles in equal measure. We learned that our office was in a community that was so struck with loss that it was hard to find a family not frightened over a missing loved one, neighbor, or friend. Press releases were written and packets on trauma and children were hastily assembled and faxed to local schools, child care centers and pediatricians. Janet called back later that afternoon to set up an appointment, but it wasn't until then that I finally thought to ask her who it was that she lost— she answered that it was her brother who was missing, a fact I had never registered.

at a glance

The author, who works in a New York community that suffered heavy losses on September 11th, describes her personal and professional responses. She observes that amidst adults' "stumbling attempt to make sense of the events," babies and young children seem to "bring out the best that is possible" in the people around them.

PHOTO: BARBARA YOUNG

They came in the next morning. When I met Laura her face and demeanor reflected the horror and strain of the past 48 hours. I am not sure I could even describe her features, so distorted were they from grief and horror. She came wearing her husband's clothing, not able to take them off, knowing they were as close to his touch as she would ever be again.

Laura shared a lot of information about her courtship with her husband, John, how many cities they had lived in, where their children were born. She described the last phone call from her husband, crying because she had told her husband to get out of the building, fast, but had not told him she loved him. I was lost with her, not knowing how to help. I knew she had a 3-week-old baby and I asked, as I would normally, to tell me about the delivery and what her baby was like. She sighed and talked about how hard her labors had been, sounding like every mother I had ever spoken with. Laura then said that while they had already picked out a name, in the delivery room she asked her husband if he would like to name this baby, his second son, after himself instead. Her husband, named after his own father, said that he would like that very much. I told Laura it seemed that she really had remembered to tell her husband how much she loved him, and crying still, she agreed.

I saw Laura again 3 weeks later, when she came in with her 4-year-old daughter. Laura was exhausted and worried by her children's endless questioning about where Daddy was. Charlotte, who turned 4 a week after the World Trade Center attack, was a beautiful, chatty and energetic little girl who wasted no time telling me that her daddy died in a fire and would I like to hear about the dream she had about a fire. She played with the toys and was full of imaginative play, charm, and curiosity and told me she had a baby brother who got bigger every day. Laura knew that I had just been enchanted by her daughter and said, smiling, "She is pretty amazing and I have another one like that at home." We spoke about her 2-year-old son and his precocious language skills, and the newborn who was nursing constantly. We talked about plans for the future, nursery school, and dance lessons, and where to look for part-time work. As we spoke I began to see in Laura the outline of the person she had been before September 11th, and the strength she was reclaiming for herself and her children.

Every person I speak with, every parenting group I lead, every conversation this past month has been a stumbling attempt to make sense of the events around us. With each passing day my work as a clinician seems to get harder as people just now begin to find the words to express what they feel. And yet, in the work with families and their babies, I feel amazingly lucky to be witness to, and buoyed by, the hope and promise that young children bring. Drowning out the endless newscasts, the escalating worry, are the giggles, the growth, the wonder that the young child brings to the world. In this unspeakably frightening time, with so many families struck by sorrow and devastation, the babies seem to lead us, to push us all, to be strong, to stay loving, to build a future. Even in families where spirits seem crushed, these miraculous little magicians will bring out the best that is possible in all of us.

October 2001

SUPPORTING PARENTS, HELPING CHILDREN:

Some Questions and Principles

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As Heraclitus (535-475 B.C.) pointed out, the world is never the same from one day to the next — "you can't step in the same river twice." Surely, English parents and children felt that way during the German blitz of London during World War II. At the time, parents had the option of sending children away from the city, to safety. Yet we later learned that very young children who stayed with their mothers and took their chances in London's shelters did better and felt more secure than those who were separated from their mothers and sent to nurseries or foster families away from London, in order to be physically safer.

More than half a century later, as we try to understand the needs of young children evoked by the terrorist attacks and carnage of September 11, 2001, as well as the anthrax threats that have followed, we are again confronted by the limits of our knowledge. We cannot predict with any certainty how young children and their nurturing, protecting caregiving adults will respond over time to the events of September 11th since most of our current knowledge of development is based on children and families living in a relatively predictable steady state. Moreover, we don't yet know if further traumatizing events will violate children's and parents' sense of the "average expectable environment" that has long been considered important to well-being and healthy development.

Questions to Consider

As we try to predict the possible developmental course for an individual child or for a group of children affected by the events of September 11th and the disruptions of daily life that have followed, we should keep a number of questions in mind:

1. Has a member of the family or close friend been killed or physically injured?
2. How close do the child and family live from the site of a terrorist attack or anthrax fatality?
3. What was the state of the child's health, temperament, development, and experience, and in what socio-economic-educational context was the child living before violent events occurred?
4. In the child's daily living situation, what is the role of television and equivalent instant communications?
5. What are the culture, religion, and systems of values in which the child is growing up?
6. What are the strengths and vulnerabilities of the child's primary caregiving adults? To what extent do they have a secure, affectionate relationship that protects, guides, and insulates the child from difficult, threatening chal-

lenges in the social environment? (These two related questions are of utmost importance to the young child.)

Each of these questions suggests immediate and long-term perspectives to consider. By putting ourselves into the skin of young children, we can find answers to these questions that are likely to reveal the uniqueness of each child's and parent's perception, reactions, and coping capacities. These questions also remind us to differentiate the developmental tolerances and capacities of infants, toddlers, and preschool children from school-age, pubescent, and older children as they move toward adulthood.

Principles to Guide Support

As implied above, each child and family are unique, as are the cultures, neighborhoods, communities, states, and countries in which they live. Yet child development research and experience suggest several principles that can be usefully adapted and applied to the process of helping very young children and families cope with the potentially overwhelming impact of events — as long as we leave room for exceptions and recognize the likelihood of additional unexpected events and complicating factors.

1. **Help young children feel the security of being safe, protected, and nurtured by the adults who care for them.** In the long run, the reactions of young children to tragedy and violence, as transmitted through insulating relationships with their parents and other primary caregivers, will determine how the child feels and reacts to terrorism and the danger of bioterrorism. A codeterminant is what the child brings to the encounter, including the child's temperament, developmental tolerances, and cognitive capacities.
2. **Combine adult availability, the simple reassurance provided by daily care, and an openness to "questions without question marks."** Attempting to prescribe what a particular adult should try to explain to a particular child is inappropriate — there is no curriculum or formula to follow. However, we can talk with parents and caregivers about giving permission for the child to be curious and concerned about the consequences of threatening, tragic events. Of equal or greater importance is that the timing and "dosage" of adults' explanations and answers in response to the child's concerns and questions should comfortably fit the child's cognitive and emotional tolerances and capacities. Simple explanations may be the best responses to direct questions, fears, and the "questions without question marks" that children ask through sleep, eating, play, or other behavior. Being matter of fact, limiting discussion to what has been raised by children's questions, comments, or in play, provides permission for the child to know what he or she is capable of knowing, and facilitates learning in a continuing and coherent manner about what unfolds from the consequences of the threatening, tragic events. Indirectly, this principle may also enable the caregiving adults to cope with the fear that "our world will never be the same" and that a heightened, tension-producing sense of risk and danger may become a permanent feature of our everyday experience.
3. **When appropriate, enhance the "insulation" that parents provide.** If a parent is panicky, disorganized or grieving and depressed because a family member, friend or colleague has been killed, the insulation of affectionate reassurance, protection, and guidance is at risk. Then other adults with a close relationship to the child can supplement that calming, stabilizing insulation that an otherwise well-functioning primary caregiver provides.

PHOTO: DAVID KREIDER

As this is written, it is useful to realize that the United States of America is not Israel, Palestine, Afghanistan, or a number of other countries where terrorism creates a daily risk of danger for families and their children of all ages. We hope that our country's experience will continue to be one of peace and relatively safe daily living, rather than of continuing terrorism and violence. We wish the same for all countries. In the long run, supporting parents in coping with the consequences and threats of terrorist attacks and the risk of bioterrorism is the best approach to helping young children cope with and master the challenges of such episodes. There is not enough evidence to support the presumption that over time we should care for and raise our children in the U.S.A. as though we are preparing them for a world of war and destruction. Instead, let us continue to hope in the efficacy of a "tincture of optimism," recognizing the eruptions in our world but working — with our children — for coherent progress toward peace, reconciliation, and collective security.

PHOTO: BARBARA YOUNG

HELPING YOUNG CHILDREN AND FAMILIES COPE WITH TRAUMA IN A NEW ERA

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September 11, 2001, ushered in a new era in the United States. Our sense of safety, security, and even complacency is gone, as infants, toddlers, and their families have experienced the untimely, violent death of parents on a scale that never before occurred so close to home. The long-term impact on young children of exposure to such violence and experience of early loss is still unknown. There is much to learn, as well, about protective factors that contribute to the resilience of children and families. As a consequence of September 11th and its aftermath, our perspectives on how young children and families cope with trauma may need to change.

The traumatization of young children through exposure to violence is, of course, not new, although the systematic study and treatment of infants and toddlers traumatized by violence is relatively recent. For more than a decade, my work has focused on young children who are continually traumatized by violence in their homes and in their neighborhoods. Since 1992, my colleagues and I in the New Orleans Violence Intervention Program (VIP) for Children and Families have been gaining substantial insights and skills in helping infants, toddlers, young children, and their families cope with violence and traumatic loss, including the death of a parent by homicide, double homicides, and suicides, and death of one parent followed by abandonment by the other. We have even worked with very young children who have been left alone for hours with their dead parent's body. Through VIP and the federally funded Safe Start Program, which began in 2000, we have provided education for police officers on the impact of violence exposure on children and supported a 24-hour hot line for police and families for immediate consultation and referral, in addition to providing more than 3,000 hours of therapeutic services each year for traumatized children and families. We have been very involved in developing ZERO TO THREE's conferences and publications on the impact of exposure to violence on the lives of very young children (see Osofsky & Fenichel, 2000; Osofsky & Fenichel, 1996; Osofsky & Fenichel, 1994).

Despite our "expertise" with trauma and the effects on young children, we have had to think carefully about how to be helpful to young children and adults since the previously unthinkable terrorist attacks that struck our country on September 11th. In several communities near New Orleans,

we have been called upon to provide advice and support to parents, grandparents, teachers, and other adults. Since September 11th, we have also had the opportunity to make presentations in Miami and Dallas on helping young children cope with violence, and to conduct a workshop for the New York Association of Early Childhood and Infant Psychology that was held three blocks from Ground Zero. We have had enough positive feedback from the parents, teachers, mental health providers, and others to know that our efforts have been helpful. That is as much as we can hope for in doing work with trauma. Yet at times when we are called upon for advice, we feel as if we are ourselves groping in the dark for answers. In the face of senseless and untimely loss of life, we feel off balance.

The long-term impact on young children of exposure to violence and experience of early loss is still unknown. There is also much to learn about potential factors that contribute to resilience.

Principles to Guide Practice

Our team's past work with young children and families traumatized by violence, collaborations with police officers, and experiences since September 11th suggest some principles to keep in mind as we work with affected children and families in the moment and over time.

- **Infants and toddlers depend on trusted adults to protect them and make sense out of their world, especially when children have been exposed to potentially traumatic events.** Parents, teachers, and other adults whom young children turn to and trust must be able to listen to the children in their care, contain their concerns, and help them feel safe. Adults must realize that in infants and toddlers, new fears may result as well as loss of trust in adults. Previously happy, carefree children may become more clingy, being afraid to leave or be left by their parents or caregivers. They may question every time the parent goes out whether they will return or leave them. While they may have achieved developmental milestones that include being able to explore their environment independently and be left alone reasonably comfortably, with trauma, they may not want to be left alone at all. Patience is crucial in explaining to the child that everything will be all right and that they will be safe. However, as much as one wishes to protect a young child, it is difficult to hide the anxiety aroused by terrorist attacks and continuing warnings of danger. If parents are traumatized — or even anxious — themselves, it is important for them to reach out to family, friends, and others to get the support that the need so that they can help their children.
- **Children's reactions to potentially traumatic experiences may be difficult to predict.** Since September 11th, some parents have told us about behaviors and emotions noted in their children that worry them. Others have expressed concern that their children did not talk about the event even when they knew they had seen the pictures on television and overhead conversations of adults. Further, parents who themselves were anxious wondered if they should talk with their children about the event, and if they did, what they should say. We know that children's reactions to trauma like many other events will be greatly influenced by those of their parents. Reactions also vary based on the child's age, degree of exposure, proximity to the event, and their relationships with the people who are affected, which also includes their closeness to the traumatized adult. What should parents or other trusted adults say to children? While of course it depends on the age of the child, there is no doubt children's imaginations can run wild! So it is important to help ground them in a reality that they can understand.
  - For a 1-year-old, it is most important to be reassuring. They will likely not know about or understand what has happened. But they will react to the tension, stress, anxiety, and fear of the trusted adult. Hold them and hug them and tell them everything is going to be all right. While the traumatized parent may not always feel that "everything will be all right" it is crucial to provide the infant with that sense of security.
  - A 2-year-old will understand more that something terrible has happened, that people have been hurt, and that people are anxious and sad. Since children of this age tend to feel very powerful, they may even think they have done something to "cause" this awful thing to happen. Their imaginations may be conjure up images that are worse than the actual reality. They need to be told some of the details in simple language and then again reassured that they are safe and protected with their parents.
  - In the third year of life, young children will understand more of what has happened and may have some trouble telling the difference between what is real and what they usually see on television. It is very important to try to keep protecting these children from seeing too many images of the event as it will only be frightening and very difficult to integrate in a young mind. Indeed, many adults have had difficulty integrating the event in their minds. These children will likely repeat the event in their play and in their drawing, perhaps over and over trying to master it. Let them do it, but if they seem to be stuck in their play, feel free to suggest a different ending or even a different theme to the story.

- Exposure to trauma can lead to symptoms, even without direct exposure. The traumatic event can remind a child (or an adult) of an earlier trauma. If children have symptoms that do not go away within 2 months, parents should seek professional consultation. A limited consultation may help provide the information and reassurance that the parent needs. However, if the symptoms have not dissipated, without help and intervention it is unlikely they will go away over time. Therefore, education is needed for parents through pediatricians, emergency rooms, and clinics. Training is needed for child care providers and others who come in contact with children. Considering the loss and trauma that has occurred within the communities of law enforcement and fire fighters (where "being strong" is highly valued), education and support to these groups is also very important.
- **Parents and other trusted caregivers can do many things to help children feel safe.** In uncertain times, as well as amidst the stresses of ordinary life, the most important things parents can do include listening to the child, following their lead, allowing them to show their fears, and helping them identify their feelings. Maintaining a regular day-to-day schedule offers the comfort of structure. Although many people are and will continue to suffer following the terrorist attack and subsequent events, adults need to feel that it is all right to continue to enjoy life and to help children retain at least some of the carefree and fun feelings of being a child.

These are new times. All infants and toddlers need the support of parents, grandparents, relatives, child care providers, teachers, and other adults who will help keep them safe and foster their growth.

What Might the Future Hold?

There is much more uncertainty about the future for children in the United States now than before September 11th. Will there be more terrorist attacks in this country? Who will be directly affected? Will we be able to protect our children and ourselves? All of these questions that essentially are unanswerable lead to a continuing level of anxiety within the United States that is only exaggerated by the media.

The extreme traumatization and loss experienced by so many young children and families from the terrorist attacks will likely contribute to ongoing complexities in their future lives. Many mental health professionals have expressed concerns about future repercussions from the attacks for young children who have lost parents, homes, and the lives that they knew. A child care provider in New York said, "Since the attacks occurred so early in the school year and we really did not know the children in child care well by 9/11, it has been very difficult to find ways to comfort them and also help their families." Infant/family professionals can recognize the need to support families with young children in the law enforcement and fire fighting communities —and in the military—but in order to be helpful, we need to understand the value these communities place on "being strong."

These are new times. All infants and toddlers need the support of parents, grandparents, relatives, child care providers, teachers, and other adults who will help keep them safe and foster their growth. Many will need help getting back on a positive developmental trajectory after being "derailed" by the terrorist attacks and subsequent traumatization. How can mental health and early intervention professionals best provide families and caregivers with the information, support, and services they need to nurture young children in these different times? Some of the concerns I have heard from colleagues are chillingly new: Several health care providers in New York City wondered if they did the right thing staying on the job September 11th to help injured people instead of going home to comfort their own children. Yet some comments reflect enduring human needs and strengths: An elderly woman in a workshop in Dallas found relief in talking about her worries, listening to others and being listened to by them, and realizing that the hugs she gave to young mothers in the children's store where she worked offered an important source of comfort in the days after September 11th.

We can only hope that the enduring effects of trauma on young children who are sustained and nurtured in safe and secure environments will dissipate over time. Indeed, many children are resilient and, as Selma Fraiberg told us so sensitively about work with infants and toddlers, "It is a little bit like having God on your side." At the same time, with the events of September 11th, and the subsequent terrorist threats, there will be many continuing "triggers" and potential re-traumatizing events. Thus, as caring adults as well as therapists, we must keep our "windows and doors open" so that caregivers of infants and toddlers who have been traumatized can be provided with the ongoing support structure that they will need.

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PROTECTING OUR CHILDREN

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PHOTO: BARBARA YOUNG

Parents protect their children in every way they can. Before birth, mothers care for themselves with their unborn children in mind. Once babies are born, parents see that they are well fed, warm, clean, comfortable, soothed, and sung and talked to. When babies seem ill, parents take them to the doctor. When babies begin to move about, parents try to arrange their living spaces to be safe and scurry to keep dangerous objects out of reach. Parents keep their very young children away from streets, don't let them climb too high, and treat them as considerately and respectfully and lovingly as they can.

Certainly, not all parents are privileged to keep danger away from small children or even give their babies and toddlers the kind of simple, everyday care they would like to. At times, some parents may not be able to protect their children from experiencing violence, directly or indirectly, in the family home or in the neighborhoods they live in or frequent. But parents try. They do what they can do.

The world in which most children live has changed radically in the past several generations. Images which are truly no concern of theirs stream across television screens — in dramas, talk shows, and the news — in real time and on video. Young children see things now that formerly they could not have known about until they were old enough to read it themselves or were deliberately told.

As we know, very small children cannot distinguish between the news and a fantastical story and they really shouldn't have to. It was striking when the World Trade Center was engulfed that so many adults reported that they couldn't believe what was happening at first because the news footage resembled things they had already seen on television or in a movie. In some sense, the entertaining, fictional disasters that they had viewed in complete safety intruded on what was now real, compounding the distancing effect that television always creates. For very different reasons, they were experiencing the natural, developmental confusion of the 3-year-old when confronted with such images. The very young toddler simply takes them in and only as he develops does he begin to try and sort out what is "real" from what is "pretend." He is a long time figuring it out and cannot be hurried. Whatever feelings are engendered by the scary things he sees, hears, and feels, whether real or pretend, he deals with by recreating. He makes imaginary fires of heaped blocks, crash-

es cars, or tumbles towers over and over until the anxiety is sufficiently dissipated. Parents can spare their children from dealing with things they do not actually experience in the world by limiting their child's exposure. They can choose to be the titrators of dread, both real and imaginary.

Basically, when we know children are frightened and worried, we know the only thing that matters is to convey the belief that we can keep them safe. "It is terrible, but you are safe. Nothing is going to happen to you." We will say and convey this in many ways, even if we are not quite sure that our words are true. Even in the agonizing situation where a child has sustained a terrible loss and we have to say, "Yes, a very, very bad thing has happened. Daddy can't come home anymore," we can help with a child's additional fears. She can know that we will be there and we will care for her. We will assuage her fears for herself and for others she loves and help her with the loss we share.

Babies sense our tension and certainly our toddlers and preschoolers do. Being close to, hugging those small, dear bodies can comfort us even as it breaks our hearts. We can, in a healthy way, use their everydayness, their desperate need for cookies or hearing a story yet again, to organize ourselves and serve them better. We actually practice this all the time. The 9month-old's very high fever alarms us but we demand of ourselves, in the baby's presence, as much calmness as we can muster. The same is true for our toddler's scary fall or burned finger. We do not add our fright to theirs. The self-control we exert in such a situation, however imperfect, is good enough.

In the same spirit, young children do not need to know one more thing than they indicate they need to know. When the toddler or preschooler in the airport notices a soldier for the first time and says "Look, a soldier," we can agree that we see the soldier. "Oh yes" will probably be a totally satisfactory and sufficient response. If the child asks, "What's she doing?" we can say, "She's doing some work" or "She's helping out" and that will suffice. The compelling need we frequently feel to be "honest," which often seems to contribute to our responding more fulsomely than is in any way required, is no favor to the child. Our simplest answers will, more often than not, satisfy the child's response to the novel. When the guard at the Children's Museum now burrows through a diaper bag or a child's little backpack and she notices and expresses some mystification, a verbal description may well do. "He's looking at your toys. Which do you suppose he'll like best?" More often than not this will satisfy even a 5-year-old. If not, she'll let you know. The answer should fit their needs, not ours, and it is surprising how very little it is children need to know. If we are calm, they are calm. Day by day, as children grow they begin to develop a keener awareness of the unusual in the midst of the ordinary. This puzzles them and so they turn to us for a response. As much as they want to learn and understand many things, they are even more devoted to our affective response. "Is this okay or not?" Often, that is really the question.

Small children of whatever age understand much more of what we say than we appreciate. In this regard, we lag behind chronically and are years catching up. We are also prone to maintaining the convenient fiction that small children do not understand or hear what we say unless it is addressed to them. He is to hear only when we intend him to hear. He is to be deaf to what we say when being heard is not our intention. But not only does he perceive the expressiveness of our faces and voices, he also takes in our words. We cannot successfully protect children if we fail to be aware of how tuned in to us they are whenever they are around us and how much what we say matters. We want them to know only what they need to know.

What we cannot do with our older toddlers, preschoolers, and early schoolers is use them as listeners to try to explain to ourselves something that has happened. There is a tendency to imagine that if we can explain it to them simply enough, we will understand it and reassure ourselves. It doesn't work. A mother decided she needed to explain what was concerning her to her 3_-year-old. She sat her down and said gently, but very seriously, "I need to tell you about something". The little girl, wide-eyed, said, "You're scaring me." The mother changed her mind, reassured her, and they had a snack instead.

The protection of innocence spares children unnecessary anguish, bewilderment, and fright. It also spares them the need for taking care of us. Caring for them in this way allows them to develop a sturdy sense of safety and trust, one that will evolve in more complex directions as it naturally needs to. This will happen as their personal experiences require and will allow them to assimilate and accommodate whatever they need to in a gradual and manageable way.

Again, there are parents living in worlds that do not give them the privilege of protecting their children's innocence very long. Danger is in the room or just outside the window. The parents' determination to protect the child in every way they can and the child's experience of that haven will provide some sense of safety — that, and their being sure that the child does not need to deal with anything other than what he must. This child, too, only needs to know what he needs to.

The minds, hearts, and souls of children should be protected. When their own questions ask for more, we must feel sure that what we choose to tell them matches their capacity to deal with the information in manageable and bearable ways.

Several days after September 11th, a grandfather was visiting his 5-year-old granddaughter. "Grampa," she said, "a man drove his plane into a building." "I know," he said. Then his granddaughter said, "He should have been more careful." Her grandfather agreed and leaned down and hugged her. The child's response is moving and utterly sane. She will deal with what she eventually will need to understand, but she will be stronger and better for having been sane as long as possible.

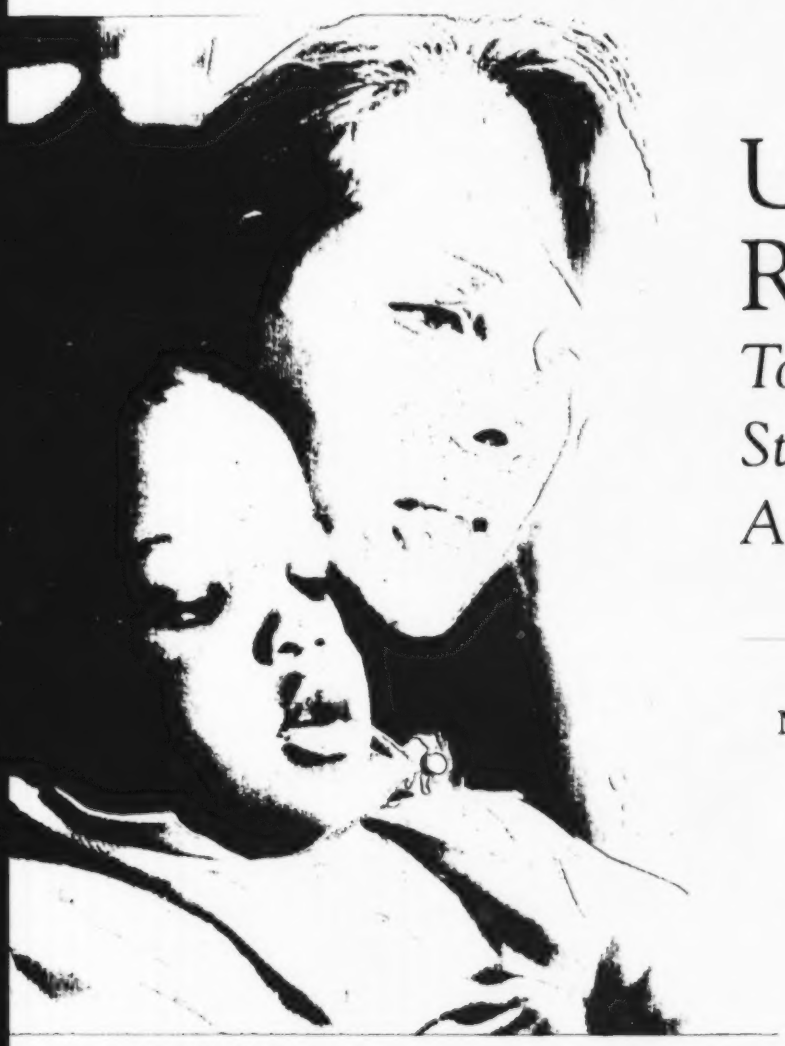

PHOTO: JANET BROWN MCCRACKEN

USING RELATIONSHIPS

To Promote Healing for Staff, Parents, And Children

NANCY L. SEIBEL, M.ED., NCC,
AND REBECCA PARLAKIAN
ZERO TO THREE Center for Program Excellence

The ZERO TO THREE Center for Program Excellence provides customized training, technical assistance, and consultation to infant/family programs. Together with our six consulting partners nationwide, we have been committed to supporting leaders and staff in their efforts to maintain quality services to families in the weeks and months following the September 11th terrorist attacks. This article highlights how three of our consulting partners responded to the events of September 11th, and serves as a step toward understanding how best to support staff in these changed and changing times.

For Dorothy Henderson, September 11th was the same as any other Tuesday until a colleague called her at her home in New York's Upper West Side to say he wouldn't be able to meet that day "because of the plane crash." Henderson's puzzled reply was: "What plane crash?" She immediately turned on the television and watched incomprehensible images fill the screen. Feeling an overwhelming need to connect with her husband and family, Henderson quickly called them to confirm their safety and location. She then decided, rather than remaining at home, to go in to the Jewish Board for Family and Children's Services' Institute for Infants, Children, and Families where she is Assistant Director. No public transportation was available, so she walked to her mid-Manhattan office. The next morning, September 12, Henderson was with one of the first mental health teams sent by the American Red Cross to Ground Zero. Though they were meant to assist disaster victims, mental health volunteers — Henderson included — ended up spending most of their shift providing crisis support to stunned and shocked rescue workers. Wearing a mask, she worked with others to identify those ash-covered workers who needed to talk, those who were exhausted and needed sleep, and those who had seen too much and needed to leave the site.

For Henderson, and for all of those working in non-crisis roles with infants, toddlers, and their families, there has been a five-part impact of September 11th and subsequent events:

1. Each of us has had our own responses, feelings, and reactions to deal with.
2. We have each had to attend to the needs of our own circle of family and friends.
3. We have recognized the pressing need to provide support to our own colleagues.
4. We have tried to find ways to remain effective in our professional roles while simultaneously experiencing the very events impacting those we serve.
5. We are trying to understand and cope with the fact that many families' need for economic, as well as emotional support is increasing at a time when resources for public and private nonprofit services are diminishing in many communities.

When staff are simultaneously experiencing the very same threats, stresses, and risks as the families served, the emotional demands of doing this work increase exponentially.

Under ordinary conditions, working with infants, toddlers, and their parents is a complex task evoking strong emotional reactions from program staff. To do the work well requires opportunities for reflection, self-observation, objective thinking, and learning from experience — all of which help staff to reduce stress and to increase effectiveness. When staff are simultaneously experiencing the very same threats, stresses, and risks as the families served, the emotional demands of doing this work increase exponentially. Programs around the country have implemented strategies for supporting their staff in this changed environment. Here are some of their experiences.

Institute for Infants, Children, and Families of the Jewish Board of Family and Children's Services, New York City

On September 11th, the Jewish Board of Family and Children's Services (JBFCS) and the Institute for Infants, Children, and Families were positioned to provide a rapid mental health-focused disaster response to the citizens of the New York metropolitan area. Through the resources of the agency's Center for Trauma Program Innovation, a visiting trauma expert, and the hundreds of mental health professionals on staff, the organization's existing infrastructure allowed for coordinated responses across all five boroughs of New York City. That morning, management focused first on responding to staff's emotions, reactions, and concerns. JBFCS's employees included staff who were working close to the World Trade Center and were directly affected, others who witnessed the attacks and were exposed but safe, and still others who were indirectly affected by watching the events on television or knowing individuals involved.

Initial debriefings helped staff normalize their emotions and reactions. Chief Psychologist Bruce Grellong notes the importance of reminding staff and clients alike that almost everyone exposed to these events will experience states of hyper-alertness paired with a heightened sensitivity to perceived danger. In this environment, says Grellong, it can be difficult to realistically appraise a situation's safety. It is also a challenge to think calmly about coping strategies, or to help others do the same. These are normal responses to abnormal circumstances, Grellong notes. In addition to using regular supervision as an opportunity to aid staff, the JBFCS established an internal employee assistance program whereby affected staff members could request short-term crisis counseling. At each of the agency's sites, additional strategies were put in place, such as setting up what one site called a "meltdown room" for staff members who needed time alone or a quiet place to debrief with a colleague.

JBFCS redoubled its outreach efforts to the community. Rebecca Shahmoon Shanok, Director of the Institute for Infants, Children and Families, sent area early childhood programs a letter directed towards parents. It emphasized the importance of relationships, play, and daily rituals in helping children heal, as well as the importance of sheltering young children from frightening television news images. Other organizations invited JBFCS staff to discuss the emotional aftermath of September 11th with their employees. Observations of attendees indicated that many affected individuals felt stunned, withdrawing from family and friends. Helping survivors begin to re-establish connections with others was an important goal of these sessions.

In regular program activities as well as at the seven emergency drop-in centers JBFCS established immediately after the attacks, staff worked closely with affected parents and children. Staff noted a range of trauma reactions and provided interventions that were primarily psychoeducational. Staff emphasized how a parent's reactions—whether withdrawal, hyperalertness, or acute anxiety — have an emotional impact for children, affecting their understanding of the attacks. Staff also helped parents and teachers understand how to discuss the events of September 11th with children, how to respond to their questions, and how to recognize and respond to the signs of distress they were observing (e.g., children repetitively building and knocking down block towers).

To prepare staff to identify signs of and differences between acute trauma and post-traumatic stress disorder,

Claude Chemtob, Ph.D., a trauma expert who is the Saul Z. Cohen Chair in Child and Family Mental Health at JBFCS, led a train-the-trainer session so that participants could then train additional staff throughout the agency.

In mid-October, the Institute for Infants, Children and Families hosted an all-staff debriefing and training session. Listening to each other's experiences, participants identified the principles underlying their work in at this difficult time and discussed ways to use and expand upon them at their local sites, in order to support staff and families on an ongoing basis.

Grellong notes that many of the nonprofits in the area are now struggling financially. A regular series of training seminars offered by Institute, which have been successfully run for the past decade, had to be postponed this fall, due to lack of registration. Grellong's guess is that the low response in part represents practitioners' focus on recovery-related concerns, in part major budget cuts after September 11th that require program leaders to be extremely selective with expenditures. In order to respond to the issues program directors are now facing, he and Henderson are organizing a December conference addressing directors' roles in leading their programs in times of change and uncertainty.

Staff believe that it will take several years for those impacted by the terrorist attacks to fully recover. Resource-related questions are beginning to emerge for JBFCS. How can staff continue to reach out to affected individuals when they also have "regular jobs" at the agency? What resources will there be to hire and train new staff in anticipation of a growing need to respond to children and families with symptoms of trauma and traumatic grief? It is also unclear how the cost of outreach and support efforts will be sustained over the long term. JBFCS continuse to provide needed support, training, and intervention for staff, for clients, and for other organizations, while grappling with these questions.

Nova Southeastern University, Fort Lauderdale, Florida

Nova Southeastern's programs for very young children provide a range of services including inclusive child care and early intervention services. On the morning of September 11th, Associate Dean Roni Leiderman found herself responding simultaneously to her own as well as to staff and families' needs. Her immediate response upon learning of the attacks was to stop by each classroom and cover for staff members while they contacted their own families. She also found herself providing support and reassurance to parents, 26 of whom returned to the center in the first hour after the news reports to pick up their children. It was most difficult to find time for herself in the midst of the morning's news, a need that Leiderman herself felt deeply with a daughter and several other family members in the New York area, one of whom who, sadly, died in the attacks.

That evening, Leiderman and colleagues from various university departments met to develop guidelines to share with parents. This document — since used in child/family programs university-wide — acknowledged the difficult issues facing parents, and provided ideas on how to help and support their children. Leiderman found that the discussion that generated this resource provided a meaningful way for colleagues to share reactions of grief, shock, and pain.

About one month after the attacks, Leiderman organized a series of debriefing sessions for various staff groups. During the sessions direct service providers and administrative staff alike expressed that the organizational response to their emotional needs allowed them to address their own intense feelings and, so, to effectively support children and families. There were some differences among direct service staff in their adjustment and well-being, which seemed to correlate to the population served. Child care professionals, especially those working with very young children, seemed to be doing very well. Trained in observing signs of trauma and stress, they reported no immediate problems among the children in their care. They will continue to be alert for signs of distress which may emerge over time. These staff appeared to be transitioning back to a level of normalcy and healing themselves.

Others, especially those who work with parent-child groups, have had more difficulty returning to a more stable sense of "life as usual." Leiderman attributes this difficulty to the fact that as these professionals lead time-limited parenting classes, they must respond over and over again, with each new group, to parents' fears about anthrax, war, and the future in general. Staff may not have an opportunity to "escape" through their work and, may continue to re-experience their own pain and fear in each of these encounters.

Parents are responding to the attacks in several ways. One group of families wrote a letter outlining their concerns about security in the building. A number of parents have shared with staff their worries about planning for another pregnancy during a period of such fear and uncertainty. Leiderman is also seeing the economic impact of the attacks on the families. She cites one set of parents who were both employed in the now quite depressed South Florida hospitality industry. With the father laid off, they were considering moving to the Northeast to live with extended family — a change which would mean finding a new placement for their son who is now attending Nova's program for children with autism.

Leiderman has observed staff and family anxiety waxing and waning over the past few months; recovery has been interrupted by public warnings of impending or expected terrorist attacks, and by news of new anthrax cases. Though there have been setbacks, parents and professionals both seem to be steadily improving as their fear and anxiety have begun to diminish.

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Southwest Human Development, Phoenix, Arizona

When staff from Southwest Human Development, which provides comprehensive health, mental health, and early intervention services to young children and their families, arrived at work on September 11th, news of the attacks was the major morning story. Jan Martner, Family Health and Wellness Director, immediately contacted the six managers who report to her and encouraged them to clear their schedules, so that they could be available to staff and families. Managers were then asked to contact everyone on their teams to ask how they were feeling, and to see how things were going with families. By noon, the entire agency closed for the day and managers contacted home visiting staff to convey the news. Though some chose to continue with their visit schedule, others returned home. Martner remembers that staff members' reactions seemed to be divided; some were deeply affected by the attacks, while others were saddened but felt somewhat buffered from the tragedy due to the distance between New York and Arizona.

In the following days, managers met with staff to discuss their emotions and reactions. All staff who wanted individual counseling concerning their response to the attacks were able to request services from Southwest's Family Health and Wellness department. The agency promoted a multipronged approach in which staff's safety and emotional health were the first priority. Efforts then focused on the appropriate intervention strategy for staff, parents, and children involved in the agency's many programs. These approaches varied based upon staff roles; two examples follow.

- For **mental health consultants to child care centers, Early Head Start,** and Head Start, conversations focused on the implications of the attacks on staff and families. Consultants provided guidance in how to observe both children and staff to identify post-traumatic stress responses. Staff also encouraged these programs to send information home to parents on how to support their children in the aftermath of the attacks.
- For **nursing/home visiting programs** serving pregnant or single mothers (mostly teens), staff were encouraged to mention the attacks during home visits to determine the impact on families.

On September 22, Southwest Human Development held its quarterly leadership meeting for all agency managers. Martner and others had collected resources on how to speak to parents about the events of September 11th, how to help parents meet their children's needs in the aftermath, and what cues parents and caregivers should look for that might signify some level of trauma in their children. This information was shared at the group meeting, and strategies for how best to use the resources and disseminate to staff were also discussed.

Perhaps due to distance, staff have observed that few families appear directly affected by the September 11th attacks; most are feeling "sad but removed," says Martner. There are several large military bases in the area, however, and military call-ups would impact both families and staff. Martner notes that, if this should occur, there would be a "huge shift in the number of those affected." Southwest supported families experiencing this type of separation during the Gulf Way conflict in the early 1990s when many local military personnel were called to active duty. In preparation for possible troop call-ups, Southwest is compiling a list of military families among their staff. Managers plan to speak individually with any team member affected by future call-ups to determine what supports they require.

Reflective relationships create opportunities for staff to receive support, which allows them to strengthen their own coping resources to work effectively with families during periods of heightened need.

Southwest, like many nonprofit organizations across the country, anticipates some notable economic impact on their program in the coming months. At the state level, their legislature will be holding a special session to discuss impending cuts as well as to identify which programs will be specifically affected. All state-funded programs have been ordered to make blanket 4% cutbacks, and all open positions have been frozen. Uncertainty, on many levels, is an issue which leaders, staff, and families are learning to adjust to both within Southwest as well as across the country.

Programs and those who staff them have each been uniquely affected by the events of September 11th. One experience they share is the struggle to adapt to the same traumatic and sudden changes that are impacting the families they serve. An important way of coping is to rely on the power of relationships to create opportunities for staff to reflect and receive support, which allows them to strengthen their own coping resources and continue to work effectively with families during this period of heightened need. While deeply affected themselves, infant/family professionals continue to do what they have always done: strive to provide infants, toddlers, and their families with services that sensitively respond to their needs. This effort can be enormously challenging professionally and personally, but it can be a source of healing as well. As one program leader observed, reflecting back on the months after September 11th, the joy of young children is as inspiring as it is rejuvenating.

ZERO TO THREE's CORNERSTONES PROJECT:

A Safe Haven for Washington, D.C.'s, Infant/Family Program Leaders

ELIZABETH A. FORD
ZERO TO THREE, Washington, D.C.

The Washington, D.C., metropolitan area is home to the Capitol, the Pentagon, the Central Intelligence Agency, and several military installations. The region's workplaces also include universities, law firms, family-owned ethnic restaurants, and failing dot-coms. The families with infants and toddlers who live in the city of Washington and surrounding counties in Maryland and Virginia are extraordinarily diverse. Many parents are among the most affluent and highly educated in the country. Others are new immigrants from scores of countries, who may have had few opportunities for formal education and who work long, unpredictable hours for very little money in the service sector or underground economy. *The Washington Post* reported recently that nearly one in three people in Fairfax County, Virginia, and Montgomery County, Maryland (counties within the D.C. metropolitan area), live in a household where a foreign language is spoken (Whoriskey & Cohen, 2001). Separation from extended families is more common than not, whether it results from the frequent transfers of a military or corporate career, flight from a war-torn homeland, or the fraying of family ties that accompanies chronic mental illness or substance abuse. Virtually all families with infants and toddlers experience stress as they strive to balance work and family commitments in this fast-paced environment.

The child care, early intervention, family support, and home visiting programs that support metropolitan Washington's families with infants and toddlers are as diverse as our populations. Since 1997, ZERO TO THREE's Cornerstones Project has worked to enhance and strengthen the quality of selected community-based through a multilevel approach (see sidebar) that emphasizes regular consultation and peer support for program leaders and supervisory staff. On September 11th and in the ongoing uncertainty that characterizes life in and around Washington, Cornerstones has served as a safe haven for program leaders and their staff. Cornerstones offers people whose daily work requires them to care competently and consistently for others a place to acknowledge and express fear, anxiety, a sense of helplessness, and profound sadness. As the words of two

ZERO TO THREE's CORNERSTONES PROJECT

An innovative, community-based initiative designed to further enhance and strengthen quality in infant and family programs (child care, early intervention, family support, and home visiting) in the Washington, D.C., metropolitan area.

The multi-level approach to bring about effective program change includes:

- Monthly consultations with program leaders
- Monthly team meetings with core supervisory staff
- Bi-monthly Learning and Development Network meetings (peer learning and support opportunities)
- Quarterly training opportunities: Seminars for all staff of participating programs; Lunch-n-Learn Seminars open to area practitioners
- Program Improvement mini-grants
- Monthly Fax Alerts on training opportunities and resources in the region.

Ten infant and family programs currently participate in the Cornerstones Project, which is funded by the Freddie Mac Foundation and an anonymous donor.

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Cornerstones program leaders make clear, this network helps *them* with the reverberating impact of terrorism on *their* personal and professional lives.

September 11th in Washington, D.C.

When hijacked airplanes crashed into the World Trade Center and the Pentagon, some Washington area infant/family program leaders and staff were involved in their morning routines and not immediately aware of the attacks. Others heard the newscast on their way to work or off-site meetings. Program leaders told us that on hearing the news they began automatically, instinctively to focus on program or agency essentials: Are the children physically safe? Who is covering each classroom or providing services to children and/or families at this time? How are my staff coping with the enormity of their responsibilities right now? Should we evacuate? How quickly can we contact parents? How are staff meeting the needs of frightened parents and family members who may be rushing in to pick up children? Then came the question: Is my own family safe? As the day progressed, leaders continued to function as leaders — although many reported feeling in a state of shock.

Cornerstones consultations with program leaders and staff provided a place where we could safely share our professional and personal fears, anxieties, and frustrations.

The Cornerstones Project had scheduled a bi-monthly peer learning and support meeting for 15 program leaders and their assistants for September 12. Given the attack on the Pentagon, school and workplace closings, and continuing bomb threats, ZERO TO THREE staff decided to call each participating program leader and reschedule the meeting for later in the month. In the days and weeks that followed, I, as Cornerstones Project director, kept up my regularly scheduled monthly consultations with program leaders and the core supervisory staff at their sites. These one-on-one and team consultations are designed as opportunities for leaders to reflect on program management and supervision challenges and to strengthening leadership capacity. The staff team consultations provide opportunities for staff to reflect on their work experiences with very young children and families, learn from their peers' experiences, and to become more cognizant of the impact their own behavior and performance has on their daily interactions with babies, toddlers, families, and colleagues. Both groups also engage in dialogue about the role of relationship-based work and its impact on program quality.

In order for our consultations to be meaningful and promote growth, each program leader and participating staff member and I have worked to establish an atmosphere of trust and mutual appreciation. Following September 11th, our regular consultations provided a place where we could safely share our fears, anxieties and frustrations about the professional and personal impact of these unfolding events.

Since September 11th, the Cornerstones Project has hosted two peer learning and support meetings. Our September meeting focused on effective ways to manage conflict in addition to follow-up discussions on the ongoing challenges (helping staff and families cope) facing them as a result of this horrific attack. One program leader, for example, expressed a very valid concern regarding the potential impact of biological warfare on her program and how she could protect her staff and children from this type devastating attack. This was long before the first cases of anthrax were diagnosed and announced in the U.S. Because Cornerstones programs are in close proximity to the Pentagon and a number of military installations, program leaders are faced with heightened stresses of ongoing uncertainty in the daily operations of their programs. In a field where leaders traditionally feel isolated under normal conditions, this uncertainty has only compounded their anxieties and sense of isolation.

The words of two Cornerstones Project program directors capture the feelings of many in the group:

Program Director, Parenting Education project, Montgomery County, Maryland

On the morning of September 11th, I kept three appointments I had scheduled around town, while listening to the breaking news. I even returned to my office that afternoon, working as usual until 5 o'clock — as if it was a normal day. Looking back, I realize that my behavior was strange. I must have placed this unspeakable tragedy in a separate compartment of my brain, far away from thoughts of my "real" life (denial? shock?). I guess I wasn't ready to face the horror of what I heard for it actually did affect my real life (two of my children live in New York).

Afterward, as I absorbed the full impact of the news, came relief — that my family was safe. Then a terrible sadness flooded over me, a sadness that remains. It feels like mourning. I'm an idealist, a peace activist. Some part of me died in there, too.

I have had many life experiences, professional and personal, and felt I should have had a great deal of wisdom to offer both to my family and to the staff, volunteers, and families in the program. I struggled with what to do, say, or write that would help all of these people — who look to me for leadership — get through the tragedy. I found my efforts painfully inadequate. As a mother, grandmother, and "boss," I

thought I ought to be able to make it better for everyone, but I couldn't.

I am moving into another place now, looking more to the future and what we need to do. I want to overcome those feelings of hopelessness and helplessness, to do something active and positive. I am a very patriotic person, I grew up during World War II, and I am the child of immigrants who believed America was the most wonderful place in the world! Yet I am worried about the kind of patriotism that seems to be emerging from these events.

I am thinking about the beautiful diversity of our country and want to find new ways to bring people together, renew the social contract, build community, and better understand each other and our place in the world. All of these things are, I think, part of our mission as early childhood family educators and as shapers of the world that our children will inherit. Maybe my idealism is beginning to return.

Director, Employer-Sponsored Child Care Center, Arlington County, Virginia

Although we all have personal concerns at this time, I try to leave these outside the center door. The focus after September 11th became providing staff with the support they need. Professionally, there were new issues to confront with the Board of Directors, the sponsoring organization, the teachers, the parents, and the children. The Board, staff, and parents all had concerns about what we would do if there were another emergency of this nature. Although we managed the closure (of the center) smoothly that day, we knew we could do things to increase our preparedness in the future. We had many meetings to discuss very specific plans. Teachers were encouraged to ask questions and contribute ideas. Of course, we all hope not to have another tragedy, but everyone is reassured knowing that everything is in place to respond effectively, if one occurs.

During the past few months, staff morale has been high and probably contributed to how effectively the staff came together during this time. They do much to support one another. The professional relationship with parents has been one of both giving and receiving support. Parents noticed how smoothly the center responded on September 11th. However, parents also wanted assurance that we had effective plans to respond quickly to any further crisis. At this point, a major challenge is how to continue to provide the nurturing, safe environment children require to grow and develop in a healthy manner. The terrorist attacks have changed the world in which we live and our children's lives are impacted. It startled and saddened me to see several young children pretending to fly blocks around, talking about dropping missiles and bombs, creating an aircraft carrier out of a box.

Our goal of fostering the development of peaceful conflict resolution skills has become much more difficult to attain. The talk and sights of war now surround our children. How are we to calm their fears and promote peaceful play? My goal as a program leader is to work with our teachers to increase our sensitivity to the needs of the children and to develop our skills to respond to these challenges. On a personal level, my support mainly comes from outside the center, from my family. My husband is a good listener and knowledgeable, so we can discuss these issues.

Cornerstones: A Learning Community and Safe Haven

The Cornerstones Project features an innovative collaborative approach for enhancing or strengthening quality in infant/family programs by introducing program leaders and staff to reflective leadership and supervision, by supporting programs as they incorporate the principles of relationship-based work and how it can impact quality, and by engaging in training and technical assistance opportunities designed to meet their unique needs. The foundation of this approach is to support leaders in their role as change agents in their programs as they promote the link between effective relationships and high-quality experiences for infants, toddlers, and families in their care. The way in which the Cornerstones Project director and the participating program leader develop and sustain their relationship demonstrates how staff and family relationships can be.

The Cornerstones Project is a learning community. One participating child care program serves immigrants from Afghanistan, Pakistan, India, Croatia, Bangladesh, Central America, Russia, and Israel, as well as children and families born in the United States. The way staff and parents supported each other on September 11th and beyond — despite differing interpretations of the meaning of the events of September 11th — showed us all how a program leader and an organization's culture can promote trust, support, and growth among its diverse staff and families. The program leader values the richness of experiences that such a multicultural environment can provide the children and staff and strives to build the relationships that helped staff and parents join together for a common cause—the safety and well-being of the children. Program leaders and Cornerstone staff also work to establish strong relationships built on trust and mutual appreciation so that in times of crises, program leaders have an established "safe haven" to turn to for support and extended learning.

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COMMUNICATIONS CHALLENGES

and a New Reality in the Aftermath of September 11th

LYNETTE A. CIERVO
Communications Strategist

THOMAS E. SALYERS
Director of Communications,
ZERO TO THREE

It is the morning of September 11th and the staff of ZERO TO THREE are huddled around the television in the conference room anxiously watching the horrific events of the morning unfold. Reporter Leslie Brody calls from *The Record* in Bergen County, New Jersey, for comment from ZERO TO THREE on how young children are affected by terrorism. Helping children cope with terrorism? In the United States? A response? These are the questions Communications staff began asking ourselves as soon as we had made calls to ensure that family members, friends, and colleagues all were safe. We gathered to begin thinking about how to provide information and guidance for parents and early childhood professionals about what young children might be experiencing on this day and during an unfolding, unpredictable tragedy.

ZERO TO THREE's mission is to promote the healthy development of our nation's infants and toddlers. A key method we use for advancing our mission is to communicate what we know about babies and toddlers to a wide variety of audiences. The ZERO TO THREE Communications Department's goal is to provide quality information about babies, toddlers, and their families to journalists who cover children and family issues. Over the years, we have cultivated a number of reporters who come to us as a resource when they develop their stories.

So, we are accustomed to receiving calls from journalists. However, like many Americans on the morning of September 11th, we were in shock. The ringing phones reminded us that we needed to fulfill this goal. In the past, ZERO TO THREE has provided information to professionals, parents, policy makers, and the media about the impact on very young children of witnessing violence in their neighborhoods and in their families. From our international colleagues we knew something about the experiences of families with young children in war zones around the world. But now we were being asked about the possible impact of significant terrorist attacks in our own country.

Our first step was to talk with Ms. Brody about what children under 3 might be experiencing, and how best to comfort them. Next, we developed a statement that provided general guidelines for parents and caregivers for responding to children at particular ages and stages of development in the first 3 years. We emphasized several messages that are central to ZERO TO THREE's communications with parents — that young children take their cues from people who care for them, and that to take care of your child you need to take care of yourself. The statement suggested that

An E-mail Response to Our Web Statement

I am the Early Childhood Specialist for Southwest Region School District in Dillingham, Alaska. I coordinate and supervise nine parent educators in 8 different villages as a part of our Parents as Teachers program. All of our villages are small, rural, and populated almost entirely by Alaskan Yup'ik people. The ZERO TO THREE Web site article ("Statement from ZERO TO THREE on How to Discuss Terrorism With Young Children" at www.zerotothree.org) will be especially helpful to my parent educators when they conduct their home visits with parents and children ages birth to 5. A couple of my parent educators are also planning on having group meetings with the parents to discuss the topic without the children present. They will use your article as the basis of the discussion.

The terrorist events during the past several months have impacted even our small distant villages. It will be good for parent educators to have a hard copy to share with parents on how to discuss terrorism with their children. The parent educators have gone through training in child development and are certified by the Parents as Teachers program. However, they are not certified early childhood teachers. The Parents as Teachers curriculum is designed for parent educators to share research with parents. Your article on terrorism will be a good addition to our curriculum.

Jane Whaling

parents and caregivers limit young children's exposure to television, follow familiar routines, and provide loving reassurance. We were careful to make clear that this information was targeted to families whose children were *not* directly affected by the September 11th attacks. The statement was posted on ZERO TO THREE's Web site (www.zerotothree.org). It has been listed as a resource by media and many national and local organizations; many Web sites have provided links to the statement; it has been downloaded, copied, and excerpted by countless individuals and local child and family programs.

A Continuing Story, Ongoing Relationships

ZERO TO THREE's ability to respond quickly and accurately to journalists has always been the basis for our strong relationships with the news media. Leslie Brody was only the first of numerous reporters who called us before writing articles focusing on the impact of the events of September 11th on children. Her probing questions reflected her understanding of the potential impact of the terrorist attacks, not only on those children who lost loved ones, but also on young children across the country. Brody covers children's issues regularly and clearly understands that babies and toddlers are important, even though they are the least able to verbalize what they are feeling and experiencing. As her reflections on her roles as a journalist and as a parent reveal, she called us on September 11th because she knew us.

> I often use my job — reporting about children for a daily newspaper in New Jersey — to research my own questions about how to be a better parent. Such was the case, sadly, on September 11th. As I looked through *The Record*'s window and watched the Twin Towers smoke across the Hudson River, I had a Rolodex full of child-rearing experts who could try to answer one of the day's many urgent questions: How could we possibly explain this inexplicable event to our kids?
>
> I took comfort in the common sense advice from the pros, and hoped that pounding out a quick story quoting them would help other parents, too. For a gratifying moment, my roles as anxious mom and reporter felt in sync. There have been many times since then, however, when they clashed. For days I scurried around the house hiding newspapers so my 8-year-old couldn't read them and my 5-year-old wouldn't see the chilling pictures. My natural inclination is to tell news, not hide it or sanitize it, but the details of this stuff clearly weren't meant for little kids. It's hard enough for grownups.
>
> The morning after the hijackings, I got a call from an upset source who works at an adoption agency. She announced she was canceling her subscription because, like many newspapers, it published a particularly disturbing photo of a man plunging headfirst from the World Trade Center. She thought showing the photo of a death-in-progress was obscene. I found it hard to defend, and later asked a group of editors why we printed it. That's our job, they said — to convey the full

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magnitude of the horror, loss, and utter desperation of that day. But I'm not convinced that shot was necessary. As a mom, I would never want my kids to see it. Why should we inflict it on other families who might not hide the page in time? Most editors agreed that the man in the photo was not identifiable, but what if his own relatives could recognize him?

The anthrax alerts posed a new challenge. When I learned that New York area media organizations had been targets of poisoned letters and New Jersey post offices had been tainted by them, I broke my vow not to panic. That addictive news ticker running along the bottom of CNN's screen worked me into a frenzy. Even though I had promised myself I would not join the rush to get a personal stock of Cipro, this new threat seemed so horribly invisible and sinister I couldn't help phoning the family doctor for a prescription. Fortunately, he denied the request and I calmed down.

The whole crisis has brought my priorities into sharp relief. Years ago, before my career ambitions were tempered by motherhood, I would have itched to race down to Ground Zero to cover the rescue efforts round-the-clock. Not anymore. I want instead to help with the less pressured news from the sidelines, doing stories about children expressing their fears through art, for example, or families saying goodbye to troops heading off to the war. As a reporter, I feel a little guilty for angling to stay out of the center of the story of a lifetime. As a mother, I feel a pull to get home on time, kiss my children goodnight, and get them to bed. After all, the child-rearing experts are urging parents to maintain routines and a sense of normalcy for their kids. I couldn't bear to quote them and then ignore their advice (personal communication, October 30, 2001).

Kathy Fackelmann of *USA Today* is a champion of young children's issues at her newspaper. Based on a series of conversations with ZERO TO THREE staff, Fackelmann advocated with her editors for coverage of the impact of September 11th on very young children — a topic that had been overlooked in the national media. Her article appeared on November 15, 2001, in the "Life" section of *USA Today*. She observed, "Much attention has been focused on how school-age kids and teens are coping, but little attention has been paid to very young children, who may be particularly vulnerable to ongoing stress because they can't easily articulate their feelings" (p. D10). ZERO TO THREE Past President Kyle Pruett was quoted as saying that there has never been a tragedy of this magnitude with the potential to affect the lives of so many young children. Fackelmann went on to describe signs of stress in young children and how parents and caregivers can respond. She directed readers to the ZERO TO THREE Web site for more information.

Communications professionals are frequently questioned by journalists about their "agendas" when trying to interest a reporter in a story idea or arrange an interview between a reporter and an expert or a spokesperson. However, tragedy tends to pull people together. On September 11th and the days to follow, communications professionals at ZERO TO THREE and the journalists we talked with shared a common agenda — to help all Americans grasp and cope with how quickly our world had changed, and to help parents and caregivers anticipate and respond to very young children's emotional needs. *Newsweek* columnist Anna Quindlen reflected in her column of October 22, that in the aftermath of September 11th, reporters found themselves in a position to show their human side. She wrote, "Reporters are citizens who just happen to carry notebooks, and in these stories of valor and love and survival and self-sacrifice, they found the venue in which they were working to be flagrantly human in full view of their fellow Americans" (p. 72).

On September 11th and afterwards, communications professionals at ZERO TO THREE and the journalists we talked with shared a common agenda — to help parents and caregivers anticipate and respond to very young children's emotional needs.

As staff at ZERO TO THREE, we have had our own struggles working with journalists and others to provide critical information to parents and professionals who need it *now* while we, too, grieve with the nation and worry about the well-being of our families and friends. However, our commitment to the significance of the early years and our passion for babies and toddlers keep us going. We continue to develop materials for parents and caregivers, and to work with the news media.

ZERO TO THREE applauds all efforts of those who are working to help parents and caregivers to understand the special needs of young children during this time. We especially acknowledge those journalists who have played a leadership role in helping families navigate these uncertain times.

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A Challenge for Foundations

Photo: Barbara Young

Betty Bardige and Marilyn Segal
A. L. Mailman Family Foundation
White Plains, New York

Foundations nationwide are responding to the events of September 11th in a variety of ways. Some are providing funds to help victims and their families, for nonprofit organizations and community institutions in the impacted neighborhood, or for healing and rebuilding efforts. Others have decided to maintain their grant-making priorities, recognizing that their grantee constituencies need foundation support more than ever. Nonprofit organizations throughout the country are facing higher costs for insurance and security, cutbacks in federal and state funding, and continued or increased need for their services. At the same time, many of their individual donors are suffering losses of resources or have diverted their gifts to the victims of September 11th. Many foundations find themselves in a similar bind. Their assets are down dramatically and the return on investments can no longer sustain the same levels of grantmaking. Do they spend now, when the need is greatest, or do they curb their current funding so as not to compromise future options?

The trustees of the A. L. Mailman Family Foundation have chosen to stay our course. For 20 years, we have been funding projects of national import in early childhood. We've focused on improving the quality of early education and on promoting family support programs and practices. We've paid particular attention to emotional and social development, and have supported violence prevention and anti-bias work, especially at the preschool level. In recent years we have ramped up our advocacy funding, knowing that the critical problems of high staff turnover, appallingly low compensation, and inadequate training cannot be solved without dramatic increases in public financing.

In the current political and economic climates, our Foundation's trustees have realized that we have to scale back some of our expectations. We need to fight to hold the line on public investments; we cannot expect that money will be available for the dramatic increases and bold new initiatives that only last year seemed within our reach. Yet, with 50 child care bills wending their way through Congressional committees, with Head Start and the Child Care and Development Block Grant scheduled for reauthorization, and with a spate of new studies showing the importance of strong early social, emotional, and language development and the effectiveness of programs like Early Head

Start, we recognize that now is not the time to give up hope or to let down our guard.

Now may not be the time to advocate for large new government investments. But it is the time for organizing campaigns — for bringing together diverse stakeholders and honing our arguments for reasonable pay for child care workers, for investments in infant mental health, for expansion of Early Head Start, and for public funding of early education. Now may be the time when we can win local victories for paid family leave, when we can push for infrastructure improvements that are cost effective but not costly, when we can convince a broad spectrum of policy makers that young children's mental health should not be neglected. Now is certainly the time to engage parents and grandparents — by sharing information, fostering community dialog and grassroots leadership, sustaining informal support networks, and building constituencies for future victories. It is a time to harness the reawakened spirit of volunteerism and the idealism of our youth.

Now is a time when foundations must step in and pick up some of the slack in direct service programs created by government cutbacks. It is also a time to invest in the education of early childhood and youth workers and of those who train them and to promulgate promising practices through electronic dissemination, mentorship, the establishment of model programs, and the strengthening of locally accessible networks for consultation, technical assistance, and training of trainers.

Now is the time for foundations to pick up some of the slack in direct service programs created by government cutbacks, invest in the education of early childhood workers, promulgate promising practices and support broad-based organizing and advocacy efforts.

Because this is, unfortunately, a time of heightened fear and suspicion, it is especially important to invest in the prevention of violence, racism, and hatred. Those of us who have focused on young children know that this prevention must start very early — with a strong foundation of emotional health — and be sustained throughout childhood and adolescence through experiences that foster appreciation of diversity, intergroup understanding, critical thinking, positive conflict resolution, development of caregiving skill, moral reflection, and social responsibility.

This is also a time for creativity. Mindful of the scarcity of resources, foundations are pushing harder to leverage their grantmaking. Many are forging more intensive partnerships with their grantees — through challenge grants, benchmark agreements, venture philanthropy, capacity-building investments, technical assistance collaboratives, and other techniques of "high-engagement philanthropy." For us at Mailman, high engagement begins when we consider a proposal. Looking at each grant as an investment, we ask: If this is successful, what plausible chain of events would lead to significant differences for large numbers of children and families? We then consider what we can do to enhance these potential ripple effects — through networking, communication, strategic planning, and additional support. In Florida, where the Foundation is engaged in a special initiative to improve infant/toddler care and school readiness, we have convened a series of conferences in collaboration with other funders. Our goal has been to promote ripple effects by bringing practitioners, activists, and public agency staff together to strategize about what can be done by joining forces, setting priorities, shifting policies, and removing barriers to collaboration.

Awareness of the increased demand on our resources and our need to conserve assets for the future also pushes us to seek new funding partners. Through participation in affinity groups and regional associations of grantmakers, networking with colleagues, and making connections with groups that advise foundations, we are reaching out to funders who share our concern for children but may be new to the early childhood field. Foundations with a local or regional focus have a history of success with pooled funds, funding collaboratives, and public-private partnerships aimed at creating change through strategic investment. Although Mailman focuses on the national scene, our trustees are also involved in their own communities. Building on these connections, we have played an active role in forming the Child Care and Early Education Fund in New York City and have convened Florida grantmakers who share our interest in children. As a member of the Early Childhood Funders' Collaborative, we've had the opportunity to participate in national projects of strategic value and to learn from and with our colleagues.

It is relatively easy for funders to collaborate within geographic or programmatic areas. Now may be a time when it is also important to work across these boundaries. In 1997, a diverse group of funders, including two federal agencies, came together with a shared concern about the impact of street violence on children. Some of us approached the issue from a juvenile justice perspective, others were concerned about positive youth development, still others sought ways to mitigate the impact of living in violent communities on very young children. Through a symposium and follow-up meetings, we forged a shared vision of community convening and together funded multi-sector projects in 11 cities. These projects led to increased awareness and connectedness, as well as reduced violence, in the local communities. They also generated important cross-site learnings that were shared among the communities and with a wider audience.

Today, perhaps, foundations can seize new opportunities to come together across sectors. Authoritative reviews of research by panels convened by the National Academy

of Sciences provide blueprints for collaborative action. For example, *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Shonkoff & Phillips, 2000) points out that the effects of poverty are particularly damaging in the earliest years of life. Foundations interested in helping young children might join forces with those who are addressing issues of poverty through tax policies, living wage initiatives, affordable housing, job training, and neighborhood revitalization, in order to reduce the numbers of young children in poverty and mitigate poverty's most damaging effects.

From Neurons to Neighborhoods also notes that "the critical agenda for early childhood intervention is to advance understanding of what it takes to improve the odds of positive outcomes for the nation's most vulnerable young children and to determine the most cost-effective strategies for achieving well-defined goals" (p. 10). It includes a charge to funders as the ninth of its 11 recommendations: "Agencies and foundations that support evaluation research in early childhood should follow the example set by the nation's successful approach to clinical investigation in the biomedical sciences. In this spirit, the goals of program-based research and the evaluation of services should be to document and ensure full implementation of effective interventions, and to use evidence of ineffectiveness to stimulate further experimentation and study" (p. 12). Foundations supporting medical research might collaborate with early childhood funders to advance this agenda.

Eager to Learn: Educating Our Preschoolers (Bowman, Donovan, & Burns, 2001) calls for improved training for those who work with young children, as does *From Neurons to Neighborhoods*. In fact, *Eager to Learn*'s first 7 out of 19 recommendations address professional development. With these recommendations as guideposts, higher education funders and early childhood funders might collaborate to improve the education of the early childhood workforce.

Now is also a time for activism on the part of individuals in the foundation community. Our work has given us important perspectives on the needs of our communities and constituencies, on the investments that make a difference and effectively prevent problems, on opportunities for hope and community-building celebration, and on the importance of social justice and philanthropy. We can use our personal influence, especially those of us who have wealth, to push for fairer policies, a greater proportion of tax cuts targeted to needy families, and the reinstatement of the estate tax. We can "stand for children" and insist that our government and our nation "leave no child behind."

We hope that *Zero to Three* readers will join us in calling on foundations to support improved services for very young children in the places where they spend most of their time — their homes, child care centers or family child care homes, Head Start and Early Head Start programs, and neighborhoods. With today's poor pay and fragmented infrastructure, the care that far too many of our children receive is inadequate to sustain their healthy development. Our society will pay for their poor start with higher costs for education and mental health. Yet we know how to create settings and relationships that sustain young children, engaging them in interactions that enhance emotional security, sustain curiosity, promote the flowering of language, and lay the groundwork for literacy.

Foundations can help at many levels:

- directly supporting early education programs and programs that train early educators;
- strengthening the capacity of resource and referral agencies and early childhood professional associations to provide centers and homes with family support, mental health, and quality-improvement resources;
- scaling up of programs that have successfully reached out to parents and sustained them in their teaching role;
- more widely distributing materials for parents, such as ZERO TO THREE's *The Magic of Everyday Moments*™ (2000) booklets;
- developing and extending public education campaigns that encourage reading and talking with very young children;
- supporting broad-based organizing and advocacy efforts to promote paid family leave, appropriate compensation for child care professionals, and improved services for all young children and their families;
- funding research, evaluation of program and policy impacts, and policy analysis;
- supporting leadership development for parents, providers, and policy crafters; and
- incorporating a prevention focus, informed attention to the early years, and relationship-based, family-friendly, culturally competent methodologies into all community improvement, education, and child and youth development initiatives.

While viewing the bomb damage during the London blitz, Winston Churchill was asked by a reporter how he planned to respond. Churchill made his priorities clear. "First," he said, " we must put milk into babies." If we in America are to regain our sense of security as a nation, safeguarding the healthy development of all our children, including the very youngest, must be our highest priority.

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FROM GROUND ZERO — *New York City and Washington, D.C.*

PHOTO: MARILYN NOLT

CARING FOR THE CHILDREN VICTIMIZED BY THE WORLD TRADE CENTER DISASTER:

One Volunteer's Reflections

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I am a volunteer for a Church of the Brethren organization called Disaster Childcare in a program called Childcare Aviation Incident Response (CAIR). We work closely with the Red Cross to respond to families of victims subsequent to an aviation disaster with mass casualties. We set up child care centers near the crash site where the children can be cared for safely and lovingly while adult victims go about the myriad adult activities associated with recovery from such an event. Arriving on September 26, I was in the second wave of CAIR folks sent to New York.

As I entered the scene at the Family Assistance Center on Pier 94 on the Hudson River, death certificates had just been made available to families. Ferry rides from the pier to Ground Zero for family members had been initiated. Many families were just beginning to accept the finality of what had happened to their loved one. Many others were not.

The children we served ranged in age from 6 weeks to 16 years, with infants and toddlers making up the largest age group. Unless they or their caregiver told us, we didn't know who in their family had died. We didn't ask. We were simply there with them in a safe place where they could be themselves. We tried to be attentive and sensitive adults who were not so caught up in our own grief as to be less than fully available to them.

My observations of the young ones in New York are consistent with what Bowlby wrote for us some time ago about how infants respond to the loss of their attachment figures. We saw much protest, not only at point of separation, but often later, when unfamiliar hands held a bottle or changed a diaper. Whenever possible in these instances, we tracked down the parent so as to reduce the amount of distressed separation. We also saw withdrawal, with babies and toddlers that slept or lay alone for longer than typical periods. All the children, regardless of age, displayed a heightened startle response, with many showing signs of hyper-vigilance.

Parents also displayed a heightened vigilance. Many of them returned multiple times during the day to check in on their child and make sure they were okay. Sometimes they'd just peek through the door, sometimes they'd bring their child some food, and sometimes they would come in to hold their child. This was so common that by the end of my stay I was referring to it as "Parental Rapprochement." This "checking in" phenomena was much more frequent and widespread than I have seen in any other disaster response.

The World Trade Center has more than 110 stories now. They had brought their 6-week-old with them, planning to take the ferry to the site of his grandfather's death. They didn't know that no children under 12 were allowed on go. The nursing child had never been in anyone else's care before. With trepidation, the couple left her with us so they could complete the grief journey to Ground Zero they felt compelled to make. When they anxiously returned, they found their baby in a caregiver's arms, happily playing with an infant toy. With a mixture relief at her okayness and emotional fatigue from the activities of the day, they sank onto one of the couches in the child care room. They stayed and watched the children playing and the caregivers caring. And they began to tell their story. Ever since September 11th and their subsequent realization that the husband's father was one of the victims that would not be found, they had vacillated between denial, rage and despair, gradually settling into the latter. The mother reported finding herself nursing her baby even when he was not hungry. The father wondered why they had brought a child into this kind of world and confessed he had stopped playing with his son. But, they said, the experience of finding their baby well cared for by a loving stranger coupled with the life they saw in the children in the child care room caused them for the first time to feel hope for themselves and for the world. They left with a thank you and with a resolve to rebuild their young family's life.

I left New York with a thank you for the opportunity to be a part of the massive healing taking place there and a resolve to keep my focus on hope. As an infant mental health specialist I, perhaps like you, have a unique opportunity to contribute to the healing of our nation, one baby at a time. I have to not get distracted by things outside my control and focus on listening to parent's stories, attending to infant cues, normalizing family experience, and advocating for young children. And I need to find someone caring to listen to *my* story so I can be fully available to hear the stories my clients have to tell.

What Happened to the World Trade Center?

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Located in Brooklyn, New York, Rivendell School provides itinerant special education and related support services to children with special needs in their community-based nursery schools, preschool programs, and day care centers and at our own Children's House, an inclusive early childhood Montessori program. The events of September 11th were witnessed by many of our families as they watched from their neighborhoods along the Brooklyn and Manhattan waterfronts. One of our host schools, housed in the heart of New York City's financial district, was evacuated that day and, while they are back in their school building, the air, the mood, and the memories of their experiences obviously remain.

Given the itinerant nature of our work, Rivendell staff members meet together only twice a month at evening staff meetings. Despite this, a strong spirit of mutual support and collegiality is palpable in the group and typically sustains comprehensive efforts geared particularly toward collaboration, training, and supervision both within our own agency as well as the larger community of host schools which welcome our services. This spirit continues to sustain us all since September 11th and propelled the swift development of *What Happened to the World Trade Center?*, a book developed and written by Rivendell staff for children and families, teachers, therapists, and directors.

The book, with simple and straightforward text, photographs, and drawings, recounts the attack on the Trade Center, the ongoing efforts of helpers, the reality of injuries, death, or safe escape, and the range of emotional responses experienced by both children and grownups in reaction to the tragedy. A supportive discussion guide for the book was also written to help parents and teachers feel more confident and prepared when talking with children about a situation that was, and remains, emotionally charged for children and grownups alike in our area. Since the events of September 11th, *What Happened to the World Trade Center?* has become a valuable and powerful tool for them to use in their efforts to respond therapeutically to one another and the children they care for and teach.

The Rivendell community grew considerably during the creation of the book. Photographers donated the use of their images, the Sterling Publishing Company, Inc., edited our manuscript, and a local Staples office supply center printed the first edition of the book for free. Oceanic Graphic Printing, Inc., agreed, also at no charge, to the timely production of the many copies we wanted to distribute to the schools and libraries in our community. The story of the book is in the many hands and hearts that worked to support its becoming real for the benefit of the children, families, and teachers who use it to think about, process, and adjust to the changes we've all experienced as a result of the destruction of the World Trade Center buildings.

At Rivendell, our belief in emotionally responsive curriculum has served us well in what has been a true test of our convictions. For all of us, access to accurate information, responsive listeners, perceptive observers, acceptance of and releases for a wide range of feelings has fostered a sense of containment and emotional safety even in this time of great stress.

The Child Care Council of Westchester, Inc.: *On the Front Lines of Support*

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The Child Care Council of Westchester, Inc., is a private, nonprofit resource and referral agency. We are a primary resource for child care providers and families throughout Westchester County, and have offered training workshops for over 25 years. We provide support to over 800 child care programs, serving close to 20,000 young children. Our county is the northern border of New York City and many people in our county commute daily to the city. A large number of child care providers in our area were directly affected by the events of September 11th, not only because many of the families they serve work in New York City, but many caregivers had friends and families in the World Trade Towers.

All the tunnels and bridges out of the city were temporarily closed and mass transit was suspended after the crashes, so many Westchester parents had difficulty getting out of the city. In many cases parents were unable to pick up their children on time. Communication was difficult as well because phone lines were overloaded and many cell phones didn't work.

A strong spirit of mutual support and collegiality sustains collaboration, training, and supervision within our agency and the larger community.

Horrified caregivers naturally wanted to get home to their families, but were needed to take care of children. Stability and professionalism were maintained. One family child care provider in our county cares for two children who were directly and tragically impacted by the disaster. Both children's fathers were called to help with the fire fighting effort. One child was not picked up until his father got home at 10:00 p.m., because his mother was stuck in the city overnight. The caregiver kept this child in her secure and comforting home, giving him dinner and then tucking him in to sleep. Sadly, the other child's father did not ever come home. This provider continues to provide comfort and routine to the stricken family.

At the Child Care Council of Westchester, we felt an urgent responsibility to respond immediately. We joined the collaborative response by other county organizations. On the day of the tragedy, all child care providers in Westchester County were contacted by the Department of Social Services and offered information and assistance arranging emergency child care. The day following the tragedy, we huddled over our desks and computers, searching for information we could offer to support child care workers in our community. We were able to assemble a wealth of material. This process of collecting this information was therapeutic and restorative. We faxed and mailed packets to all day care centers, family care providers, and school-age programs in Westchester. The packets included:

- general tips about how to assist child care staff and families;
- suggested activities for children, such as clay, water, and dramatic play, which may help them to express their feelings;
- references to Web sites and books to help caregivers learn about handling disaster; and
- a list of local mental health services developed by a consortium of mental health providers.

The Child Care Council of Westchester, Inc., continues to reach out to child care providers in our area both formally and informally. Many of our ongoing training workshops have been altered to integrate information and resources for people who are coping with the impact of the terrorist attacks. For example, workshops initially geared toward providing developmentally appropriate activities for children now include a section on activities which may help children to express their feelings of fear and helplessness, such as undirected dramatic play and creative movement.

The consortium of mental health providers in our county also continues to reach out to child care providers to offer their services if needed. This is an example of the collaborative effort of social service agencies which was well-coordinated and immediately responsive. At The Child Care Council of Westchester, we are currently in the process of developing a conference for child care programs to respond to the disaster. Among the topics we plan to address are emergency planning, programming for children to ease anxiety, and working with families to keep children safe. We hope to provide a written conference report to distribute to all child care programs in our county.

Child care workers are in an especially sensitive position because they are on "the front lines"-supporting young families and impressionable children in our rapidly changing social climate. The crisis of September 11th, combined with the ongoing incidents of bioterrorism, has resulted in feelings of vulnerability and helplessness. The Child Care Council of Westchester's contributions toward the healing process are offered in a spirit of solidarity and recovery.

Confronting the Unknown

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"Only the unknown frightens men. But once a man has faced the unknown, that terror becomes the known."
Antoine de Saint-Exupéry in "Wind, Sand, and Stars"

Perhaps that is the hardest thing that all of us face since September 11th: the unknown. We find ourselves in these past weeks confronting the unknown time and time again and wondering how we will cope, how we will help. The Child Witness to Violence Project at Boston Medical Center was invited by the New York City's Administration for Children's Services to provide two 1-day trainings for administrators, directors, mental health staff, and teachers of Head Start and early child care programs that were directly effected by the tragedy of September 11th. As presenters, we faced the unknown many times: What was the experience having lived in the New York area? Who would we be training? What would they want to hear? To talk about?

As a team, we had the privilege several years ago to present before a similar saddened audience when we went to Oklahoma City 10 days after the Murrah Building bombing. What struck us most as we prepared for our trip to New York City was how different the experience felt than going to Oklahoma. Though the attack was much more recent (we had gone to Oklahoma 10 days after and now we were going to New York a full month after the event), the perpetrators of the bombing had already been identified. Although the residents of the city were numb with shock, there was visible relief at knowing that these arrests had been made. This was not the case with the events of September 11th. Those who are responsible had not been found, and the residents of New York City continued to experience themselves as under siege.

On October 11 and 12, we trained approximately 100 early child care professionals. The building we trained in was approximately six blocks from Ground Zero. Many participants told us that this training was their first trip back to the area of the disaster. Perhaps the most obvious physical challenge of this training was the fact that the room in which we trained had no air conditioning, and Indian summer had returned to the city. With 80° weather outside, the temperature rose to approximately 90° in the room. When we inquired about opening the windows, we were told that it was unsafe and our attention was drawn to a thick layer of ash (probably containing asbestos) that lay on the ledges of the buildings, including ours. Our physical feelings of isolation and helplessness at the tragedy were somehow echoed in our helplessness to combat the heat.

The agenda included discussion of how trauma affects children and families, a brief review of research on children's response to disaster and a session on strategies for the classroom. We concluded both days with a discussion of the impact of this disaster on the participants and the principles of caring for the caregiver.

Several themes emerged during these sessions. They were echoed in the questions we received and also in informal discussions that we had with the attendees.

First, the child care provider response in New York City was as heroic as that of the rescuers that day at Ground Zero. We heard stories of directors who sent home their staff and stayed themselves to care for the children as they waited for their parents to come. We heard of teachers who created new curricula responsive to children's increased need to feel safe; teachers who were committed to helping children and families cope even as they themselves struggled to make sense of it all. These teachers and directors epitomized grace under pressure in putting the needs of children before their own.

We were also struck with the continued and overwhelming presence of this disaster in the lives of the participants. As one person commented, it was impossible to get away from reminders of the disaster, even for a few minutes. These reminders were quite literally in the air, and there was no respite. Teachers had numerous observations to document the ongoing sense of anxiety and hypervigilance that children and adults alike struggled with. A final theme that emerged was that of loss, not only loss of life and property and employment, but in a more fundamental way, the loss of a sense of safety and peace.

We left New York City on the night of October 12, humbled by what we had seen but challenged as well. We realized that we needed to take what we had experienced and channel it to help children and families everywhere cope with the new unknown. We have a lot to learn from New York City. Let the process begin.

"I Want To Be a Partner In Care"

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I am a 60-year-old pediatrician who lives and works in New York City. Normally, I am upbeat, but since September 11th, I feel a pervasive sadness. Many families in my practice are isolated in the big city — they have to fly to Florida or California to see the grandparents. My patients' parents turn to me as someone who is a little bit older, a little wiser. They want to know: How are *your*

kids? I was a working parent like they are — does it turn out okay?

In times like this, the role of the pediatrician is very important — letting parents know that their concerns are expected and can be dealt with. In the first week after the attacks on the World Trade Center, parents gave me hugs. They were happy I was okay. They needed to know that I was okay, so I could care for them. I'm open about our common condition — I don't want to be a savior; I want to be a partner in the care of their children.

A number of families in my practice lived near Ground Zero and had to leave their apartments. One mother was alone with her 2-year-old when she witnessed the entire crash. She woke her son from a nap, grabbed him, the dog, and her house keys and ran out of the apartment. She has no intention of returning or of trying to salvage the family's belongings — who knows what they might be contaminated with? Other families are back in their apartments, but even though the apartments have been repeatedly cleaned, and they are using air purifiers and special vacuum cleaner filters, parents are still worried about exposure to potentially toxic substances. Even in November, parents living downtown were told to use masks on young children when they went outside. It's impossible to keep a mask on a very young child! And what a feeling – that the air isn't safe to breathe.

Parents living uptown, far from the twin towers, still have an overwhelming, pervasive feeling of danger. One mother said to me, "I think we can get through this once, but I can't promise I could do it twice. What can you promise your children? How much can you guarantee?" Parents of very young children have an especially hard job because they are the primary source of their children's stability; older kids are getting some support from peers and teachers.

The threat of anthrax is frightening parents and some doctors as well. I have spent a fair amount of time trying to calm fearful and apprehensive parents without pooh-poohing their concerns. I am not prescribing antibiotics to take or to stockpile, and I tell them that I am not stockpiling medications for myself. Families respect my honesty. They know that I won't give them false reassurance.

Stressed parents are very scary for children. Often the parents in my practice have been more stressed out than the children; the parents who have had the most difficulty had histories of depression and anxiety even before the attacks. Many parents realize that they need to deal with themselves in order to care for their children. Once we have a relationship, parents will ask me whether I know a good therapist for them. I haven't seen any real psychiatric emergencies among parents in my practice since September 11th, but many are on medication for anxiety and depression.

As parents have brought in their children for routine or acute care, I've encouraged them to tell me about what they are observing in their children and about how they are feeling. Once, though, I was the one who made the call. I was in my neighborhood supermarket shortly after September 11th when a "Have you seen my daddy?" poster on the bulletin board caught my eye. The photo showed a smiling little boy sitting on his father's lap. He looked very much like a 19-month-old patient of mine who has a serious medical condition, but whose father I had never met. I wrote down the telephone number on the poster and checked it against my records. The phone numbers matched.

I called the mother. She's 27 years old. She and her husband had moved to Manhattan not long ago so that they could get the best possible care for their son. She told me she was managing to cope with the loss of her husband because her family was "camping out in her living room" so that she wouldn't be left alone. She thought that caring for her son's medical needs would keep her going. When I first met this mother, she worried that I might think she was "nuts" for calling about every cough or cold and wondering how it might affect her son's underlying illness. I encouraged her to call me. I told her that it was important to stay grounded and assured her that I would not overreact. Now I again encouraged her to call me whenever she wanted to. There's a good chance that this little boy's condition will worsen. What will happen to this mother?

I know that as a pediatrician I must care about parents as well as their children. There are parents who are very frightened and doctors who are frightened, too. Since September 11th, I've seen an outpouring of people caring for each other. Parents ask if I am thinking about relocating. I say no.

Voices From the Field, Echoes From the Past

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With greatest appreciation to my colleagues: Michelle Bonet, Jeanette Cordova, Elizabeth Gerena, Magdalene Gomes, Susan Lau, Alison Leong, and Sally Roldan for their emotional strength and motivation to hear the feelings and feel the stories — parents', children's, each other's, and their own; to Ronni Fisher, Assistant Director of University Settlement, for her ability to allow and foster staff development; and to Maireda Place for her steadfast perseverance and commitment. A special thanks to Pat Dixon and Walidah Abdul Kareem for their patience and generous spirit, and tremendous appreciation to Rebecca Shahmoon Shanok.

The Relationships for Growth (RfG) Project is a joint venture of three New York City Head Start programs, researchers from Columbia University Mailman School of Public Health, LaSalle

University, and the Institute for Infants, Children and Families, Jewish Board of Family and Children's Services. Now in its third year, RfG aims to bridge mental health and early education. The Institute for Infants, Children and Families provides a part-time staff therapist (Marcy) and a clinical coordinator (me) as a mentoring team offering reflective supervision and partnership in the running of peer playgroups and parent meetings at the Head Start programs. All staff in the RfG project attend weekly meetings at their site.

September 19: At one Head Start program, housed in a shabby settlement house on Manhattan's Lower East Side, the first meeting of the school year was scheduled for September 12, but this agency nearby the World Trade Center, was closed for 4 days. On September 19, Marcy and I greeted and hugged our Head Start colleagues as old friends. The eight of us ranged from 27 to 62 years of age. Five of us were born in New York City; our parents came from Hawaii, the Dominican Republic, Puerto Rico, Cuba, and New York City itself. Three of us were born outside the U. S. — in Indonesia, India, and China. In a center whose director, Ronni Fisher, values open communication and staff support, the details of our diversity had emerged in many meetings past. We had come to know one another.

I observed that we all had been experiencing an emotional reeling in the wake of the unfathomable September 11th events and suggested that we go around the table to "check in." Here are some of the things we told each other:[1]

- Elaine and Sari, each with a policeman in the family, have trouble sleeping. Sari's son hadn't been heard from for 20 hours; she remembers those excruciating hours each night as she tries to let sleep come. Elaine, newly married to a policeman, murmurs, "I guess that this waiting and wondering and being scared is the way it will be. We try to be caring each day when we say good-bye."
- Jeanie jumps each time she hears a siren. Amy doesn't like hearing planes flying low, a big problem since she lives near an airport.
- Muriel, who was born in India and emigrated to the U.S. from Pakistan 18 years ago when she was 11, tells of walking with her uncle in her neighborhood, an area with many Latinos and people from East Asia, and hearing a man call out, "Go back to wherever you came from!" She says, "It feels hard right now in this country. I never thought I wouldn't feel safe here."
- Asked gently if she is okay, Surama, who has been silent for most of the meeting says she is "scared, very, very scared. I can't stop watching the television. I've seen those planes crash into the buildings so many times. And the fire and the people on fire jumping from the windows. My son says I'm crazy for watching the TV, but I can't turn it off." She weeps, and is comforted by others. After the meeting she says, "It felt so good to talk about it."

September 26: I begin by asking how people are feeling and what they are noticing with parents and children. There are some immediate responses, but it is only after long pauses and some gentle but direct questioning about how they are feeling that two women connect their current feelings with memories from childhood.

Muriel tells the group that she has realized that the smells in the neighborhood of the settlement house about are the same as those of Hindu cremation ceremonies she remembers from her early childhood in India. Elaine says "Juan tells me that you can smell the bodies burning down there (at the World Trade Center). I didn't want to believe that we smell them here!" At this, Jeanie, Sari, and Amy cover their faces; Mariah wrings her hands.

Asked how she is feeling, Surama says, "I don't have TV on so much. But when it's off, I think about when I was 8 and there was fighting in Indonesia. My Mommy say stay in house. But when Mommy busy, my brother and I go out. As we walked around the block we started to run — *there were bodies lying in the street without heads!*" Marcy says tenderly, "Surama, you have seen too much. I'm soooo, so sorry." The two women hug. Spontaneously, others in the group hug one another.

October 3: The group decided it was time to plan a parent meeting. Staff were aware that after September 11th, parents felt uncomfortable apart from their children, but they could not afford to stay away from their jobs in Lower East Side sweatshops and continued to bring their children to Head Start. Staff wondered: Could a group meeting make parents feel as safe as staff has felt at the Wednesday meetings? What role would previous life experience play in parents' reactions to 9/11? We had no idea how many parents would come or how forthcoming they would be. We assumed that most would want to focus on the children and so prepared examples (in Mandarin, Spanish, and English) of how some preschoolers were responding to the events of 9/11. Surama and Sari were on hand to do the translations into Mandarin and Spanish. We arranged for food and drink. Were we prepared? We wondered.

October 10 – The parent meeting: Eight parents gather around a long table — on one side a group speaks Spanish; at the end of the table three mothers speak in Mandarin. (Non-English speaking parents really appreciate efforts staff are making to speak their language. Hearing one of us speak haltingly, with imperfect grammar and pronunciation makes it easier to try out the English they are learning.)

[1] Details, including names, of Head Start staff and parents which would identify the voices have been changed and, with my tremendous appreciation, permission has been obtained from the speakers to quote their words.

Marcy says, "I'm so happy to see so many of you here today. We have all lived through a shocking event. Although 9/11 happened a few weeks ago, I know that most of us have been unable to forget it. Many of you have asked about how to make the children feel safe and about how to speak with them about the tragedy."

Ina calls out, "How safe is this building? It's old and six floors with one elevator! I'm worried all the time at work. What are you going to do?" Marcy responds, "I know you are very worried, Ina. We will speak about the very important concerns you are raising. Let me tell the other parents that at this meeting I hope all of you will feel safe to speak about how you've been feeling. I want you to know that I have three children, so many of your concerns are the same as mine."

Surama translates for the Mandarin-speaking parents, Sari for those who speak Spanish. One of the Mandarin-speaking parents then translates into Fukien, a dialect that is the language some of the Chinese parents speak. During the translations, the faces are solemn. No one is smiling or looking as relaxed as they had been just before the meeting began. The room is still except for the rhythms of Spanish emanating from one side and the tones of Mandarin from the other. After translating and listening to responses, Surama reports that Dory Chou and Ruth Chang want to know if they should be packing knapsacks with water, cans of food, a gas mask. Marcy suggests that Surama ask if that would help them feel better. Sari says that the Spanish-speaking parents are scared and asking about an evacuation plan.

A few parents begin speaking about problems falling asleep. When the English report of the Spanish is translated into Mandarin, Dory Chou becomes very excited, stands up and says in halting English, "Mommies leave job next time, get children!" Another woman says "I'm very scared. I know there will be a war."

Muriel talks about the group planning a time to do something, an activity together such as cooking. "We could talk while we're doing something." Marcy says that this is a very scary time for everyone. "We feel good that you have come today and spoken about some of your concerns. Yes, we will definitely work on an evacuation plan and let you know about it. We have been told by the health and fire departments that the building is safe. Please call or come in to speak with us. We will have another meeting soon. Also, some people who know about children and who have been seeing their reactions say that it is wise to keep young children from seeing TV. There is too much children cannot understand. It's hard for us and impossible for them. They need to play. That is best for them."

Work beckons, and parents begin to leave, looking more relaxed. Surama and Sari both report hearing several say, "Good meeting. It's good to talk."

Questions remain for us. Would there be more personal interchanges if some meetings were monolingual? What do the women bring into the room that we don't know about? Would they speak of echoes of past trauma in a smaller group? More discussion is needed. Process work takes time. The Wednesday meetings will continue. The process-oriented experience, offered by the mentoring team through the Relationships for Growth project, is the root system that will nourish future work with staff, parents, and children at the Head start program. This bridge between mental health and early care and education supports staff, so that they can *with* the feelings of parents and children.

Project Family's Unity Art Project *for Parents in Arlington, Virginia*

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Project Family is a parenting program for Arlington County language minority residents. Parents participate with their children in the classes from prebirth to age 5. Early childhood classes provide a preschool type setting for language minority families whose children might not otherwise has this opportunity. We serve a multicultural population, many of whom have had histories of violence and natural disasters in their countries.

After the September 11th tragedy the parents related their anxieties and worries to us. Fortunately, Arlington County had in place programs with social workers and psychologist that were available to work with our clients. They came to our classes and made enormous contributions. I would like to share the experience we had in one of our classes.

Therapists from the Arlington County Child and Family Services Division were invited to provide intervention for parents participating in Project Family. The group of about 10 parents was from varied backgrounds including African American, Mexican, Salvadorian, Ethiopian, and Moroccan. The children played nearby, some preferring to stay with the parents and participate in the activity. Given the variety of languages spoken, it was determined that an art project would maximize their opportunities to express thoughts and feelings without relying exclusively on verbal communication. The project was introduced as an example of the kinds of activities that were being used with children and families who had sought mental health services since the attacks of September 11th. Some basic information was provided about the kinds of reactions we had observed at the clinic, including sleep disturbances, increased attachment, and reluctance to attend school. Parents were encouraged to use art and play as ways to help young children express their feelings.

The parents were asked to select a "paper doll," which were provided in a variety of shades. They were also provided an index card, on which they were instructed to write their family name, the ages of their children, country of origin, and any comments they might have about the attacks and subsequent world events. They were encouraged to decorate the figures with markers. Children present were encouraged to participate as well. As the parents worked, they took turns reading their comments. Translation was provided, as needed, by one of the therapists and other parents. Although parents were encouraged to write their comments in their own language, many elaborated considerably on their comments when it was their turn to share. Despite the significant diversity in terms of ethnicity, race, and religion, it was notable that the parents expressed many similar sentiments. They expressed sorrow for the lost lives, both fear and hope for the future, and a reliance on faith as a primary coping mechanism. The parents were very attentive and serious. It was clear that they had all been, and continue to be, significantly impacted by the world events. Although the exercise was initially intended to help parents identify and respond to their children's reactions, they successfully identified their own feelings as well.

As the parents completed the project, the cards were attached to the figures and the figures were attached in a chain that was hung on the wall as a visual depiction of their diversity and their unity.

An Effective Response to Tragedy:

The Pentagon Family Assistance Center

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Life altering events on September 11th mobilized the Department of Defense to provide immediate care and support for the families affected by the tragedy. Our first response was to find a safe location to establish a multidisciplinary operation, appropriately known as the Pentagon Family Assistance Center (PFAC). This center that opened on September 12 was the one-stop for families to interact with counselors, social workers, medical personnel, mental health professionals, chaplains, legal and financial advisors, military and civilian personnel specialists, and a cadre of dedicated volunteers to meet all of their needs throughout the recovery effort.

One of the most important areas in the PFAC, "Kids' Place," was designated for children of all ages. "The primary goal for Kids' Place was to establish a safe and healthy environment for children of families dealing with the grief and uncertainty of the possibility of losing a loved one," says Jan Witte, Director, Office of Children and Youth.

Kids' Place was designed to provide care for children while adult family members attended scheduled informational updates led by the commanding officer, memorial services, visits to the crash site, counseling services, and other related responsibilities. Most importantly we were available to care for children while individual family members could take time alone to process the sudden, tragic changes in their lives.

Professional military child development experts, familiar with DoD certification and national accreditation standards, collaborated on the establishment and operation of Kids' Place. This required a paradigm shift from the operation of a military child development center. Local military child development centers came through with essential supplies, equipment, and staff to operate the center 12 hours a day, 7 days a week.

During the month Kids' Place operated, many lessons were learned that will help us to prepare for future contingency operations. For example, one key to success was the close relationship established with representatives at the location chosen to house this operation. In our case, a nearby hotel was chosen as the site for the PFAC. Hotel management staff were willing to provide nutritious snacks and meals for the children. They also reconfigured several rooms to provide as much useable space as possible. Specifically, the beds and unnecessary furniture were removed from the rooms and a sitting area was transformed into a multi-use space where large motor activities took place. This area was also used as a napping area when there were large numbers of infants and toddlers. According to Jan Witte, "another critical component to the operation was the volunteer staff's flexibility and their ability to react to the changing environment driven by the current state of events during the recovery operation."

This operation was lucky to have the services of military child psychiatrists, social workers, psychologists, and art therapists readily available. This vital component not only provided direct support to the children, but also supported the staff and family members' efforts to address concerns regarding children's coping skills. The children were delighted to participate with the art therapists who came well equipped with a variety of art media to provide a necessary emotional outlet for the children.

Kids' Place became an oasis for all. It served as an area that helped with the healing process for all dealing with the fear and the uncertainty associated with terrorist activity. A variety of people would stop by and visit just to hear laughter and the joyous sound of children playing. Most impor-

tantly, family members were relieved to know their children were experiencing a safe, quality setting with trained, caring, and nurturing adults.

It is not over for military families. Separation and danger are a part of the military culture. We have professional as well as community support systems in place to help families through deployments and contingency missions. However, we now have much to learn about supporting family members who do not feel safe "at home" while their military spouse/parent is away at an unsafe location. We also have a responsibility to our military members facing anxiety about their family members who have lost their feelings of safety and security. Let's build on this opportunity to collaborate, share, and learn together to support children and families during this difficult time.

SUPPORTING VULNERABLE FAMILIES AND CHILDREN

PHOTO: BARBARA YOUNG

SERVING THE AFGHANI COMMUNITY IN ALAMEDA COUNTY, CALIFORNIA

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Southern Alameda County in California is home to the largest group of Afghani refugees in the United States. We supervise clinicians in programs that serve that community and have asked them about their work since September 11th. One of these is a clinician who speaks Farsi.

Clinicians who serve the Afghani community have reported for many years about the personal pain of these families, in particular their sorrow about separation from extended family, partners who have left to fight in Afghanistan, and worries about relatives who did not have enough to eat. The events of September 11th had a particularly chilling effect on this community. The Afghani families spoke of their horror about the attacks by terrorists on the country that had welcomed them. They were also preoccupied by fears of reprisals against them because of their faith and county of origin and possible perceptions of associations with terrorists. One home visitor found it hard to contact an Afghani family after the events and wondered if the family worried that she would think they were associated with the terrorists. Parents report-

ed that their children were reluctant to go to school and that they themselves tried to stay home because of their apprehension about what might happen next. These fears grew when reports of vandalism and attacks against Muslims and other dark-skinned people began to be reported in the news. All of the families that were served by these clinicians had first-hand memories of war in their country and the painful internal conflicts that have troubled this country for a long time. Clinicians have been urged to inquire and listen, and soon became burdened with stories of missing relatives, political factions, and in some cases anecdotes about the lack of freedom for women in that country after the Taliban came to power. The terrorist actions rekindled trauma and triggered painful memories of war and destruction of the homeland for these families and also increased their anxiety and uncertainty about what would happen to family and friends still living in that region.

These fears and preoccupations increased once the bombings of Afghanistan began. One case particularly stands out. A clinician involved in an infant mental health training program serves eight Afghani families in her practice. She had originally been working with one of the family's school-age children, but when the mother delivered a new baby, she offered to expand her work by including home visits. In this family of six children, the mother was known to have a history of serious mental illness. The clinician, who is fluent in Farsi, was able to converse with the mother, who was so preoccupied about the safety of her own mother and sisters in Afghanistan that she had great difficulty paying attention to her baby and children. Her children were frightened and confused about what was happening, and her high school-age son alarmed everyone in the family when he reported speaking at school of Osama Bin Laden as a hero. The clinician helped manage and contain this situation but became frightened and dismayed when the mother threatened to kill herself and her children should anything happen to her family in Afghanistan. Again, the clinician's ability to be in the home and communicate about the meaning of these threats and the needs of her children de-escalated the crisis.

This Farsi-speaking clinician from Iran observes that her office seems almost like a mosque, a place of refuge where people can express their deepest feelings. These are most often expressed through tears, with very few words. All of the Afghani families she serves cry throughout home and office visits since the events of September 11th. Crying and self-flagellation seem to be the normative way to express feelings among these families. The clinician is struggling to help families find other ways to express their distress without seeming to criticize the unrelenting tears. She reports one family with a 4-month-old baby in which the baby and the mother cried throughout an entire visit. The mother seemed unavailable to her baby because of her own grief and anguish. The countertransference in these cases is strong, as this infant mental health clinician-in-training grapples with how to manage her own feelings of overwhelming sadness and hold the awareness of how she herself has adapted to the western culture. She struggles to work in a way that will allow the families to get the culturally coherent support and assistance they need to cope while the anxiety and suffering continues in their native country.

"As Far as My Life, It Don't Make Me No Difference" — *When Daily Life Is Always Unpredictable*

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I (Lori) am a Psychologist and Clinical Services Coordinator of the University of Miami's SAMHSA/Casey Family Programs national Starting Early Starting Smart initiative. We serve families of infants and young children (0-3) at-risk due to parental substance abuse, mental health problems, and/or parenting stress. Our population is approximately 60% African American, 30% Hispanic, and 8% Caribbean Islander; 36% are immigrants and nearly all are living in poverty. Services primarily consist of care coordination, substance abuse and mental health treatment engagement, and parenting interventions, including structured group curricula and dyadic caregiver-child therapy. One of our therapists and I have been struck by how unaffected our clients have seemed by the events of September 11th. Although when directly questioned about their reactions a handful of parents report nightmares and fear reactions to airplanes flying overhead in their young toddlers, the majority consistently report minimal personal impact. One parent said, "It was bad, I feel sorry for the people, but as far as my life it don't make me no difference," and when asked about changes in her 3-year-old she said, "not really, she's fine."

We speculate this lack of strong reactions is likely related to common histories of daily life experiences already filled with unpredictability and little personal control prior to September 11th. We know that unpredictability and uncontrollability have been thought to contribute to psychological symptoms (e.g., depression, PTSD), and in chronic cases may lead to a learned helplessness response (i.e., passivity, lack of strong reaction). Families served by our program are often exposed to daily acts of community and domestic violence, crime and drug use, unsafe neighborhoods and housing, as well as other chronic health, economic, and social stresses. Many of our immigrant families have come from countries where terrorist acts are not uncommon

(e.g., Colombia, Haiti), and seem to accept such terrorism as a normal part of life.

Lack of education and feelings of marginalization within society also likely contribute to the perception of decreased personal relevance of this powerful event within mainstream American culture. An interesting discourse within various disenfranchised groups in our community notes some irony in how willingly Americans contributed funds for the 3,000 families directly traumatized by September 11th, and even to children and families in Afghanistan, given the long-term struggles of millions of U.S. children and families at risk within our poor communities. For instance, some people note how easy it seemed to collect $500 million in weeks, in contrast to the difficulty of obtaining access to high-quality day care, physical and mental health services, or affordable housing that would improve the daily lives of their own young children already living in unsafe communities.

Despite our parents' perceived lack of impact on their young children, September 11th may actually end up having an indirect effect on them, since many health and social service programs supporting children birth to 3 years of age are potentially in jeopardy of being cut. Our role in minimizing any such negative impact on services is one of education and advocacy regarding the ongoing needs of young children and their families, within the general public and legislative arenas. In addition, we believe it has been important for us to support, educate, and empower our program's current Parent Advocacy Group of participating parent volunteers regarding these issues, since they can often be their own best advocates. It is our hope that through such education and empowerment, families of young children at risk in our society will be able to help set the policy agenda and no longer feel marginalized.

Helping Parents With Mental Illness and Their Young Children

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How have parents with severe and chronic mental illness and their young children been responding to the terrorist attacks? What do they need to help them to cope?

As a therapist for a public health department in the Chicago suburbs, I work with parents with mental illness and their very young children. I see these parents coping and helping their children through the national crisis in the best way they can.

Some parents don't want to talk about it. They don't want to think about it. They don't want to feel anything. They don't want to believe that these events could affect their young children in any way. Some parents are openly anxious and afraid. Some are venting anger toward people who look like they are from the Middle East when they encounter them in their neighborhoods. Most are expressing patriotism and pride. Some are striving to make the most of this day, every day, with the awareness that this day is all we ever have.

Their young children seem unsettled, tuned in to their parents who are trembling as the world quakes. Some parents describe regression in sleep patterns and toilet training. Some describe clinginess and dependency. Some describe aggression and angry outbursts. Others are noticing toddlers and preschoolers playing with soldiers, waving flags, and choosing to wear red, white, and blue.

Most of these parents were overwhelmed by the stress in their everyday lives before the events of September 11th. They have struggled to contain their own feelings of anxiety and helplessness so that they could comfort their crying infants. The emotional upheavals of toddlerhood have been tremendously trying for a mother who has been fighting to regulate her own intense feelings.

As a therapist, I struggle with how to help these parents cope with the events of September 11th and the ongoing terrorist threat. In one support group on September 20, I felt myself becoming more and more anxious as I listened to the women's fears. Since September 11th, I have often felt detached, numb, that it's just too much to take in.

So I say, to myself and to the parents: This is so scary. We're overwhelmed. We're angry. We are grieving. It's hard to let ourselves feel all these feelings.

Yet, we can not begin to help one another, or help our children unless we begin to find a way to feel it *all*. Feel our fear, our anger, our sorrow, our helplessness, our insecurity, and feel that we *can* survive it. We *are* okay.

Parents need to let themselves experience their own insecurity in order to find an inner sense of safety. Their young children need to feel that their parents are here, and always will be (or, from *Love You Forever* by Robert N. Munsch, "As long as I'm living my baby you'll be"). Finding inner security and providing this constancy to their children has never been easy for parents struggling with severe and chronic mental illness. It's especially hard for all parents now.

It has always been my task as a therapist to nurture these parents: To hold them with all that they are feeling, so that they can hold their children and be with them through the happiness, pain, frustration, and fear of growing up.

After September 11th, this is still my task: To be with the parents so that they can be with their children. To provide security so that they can convey "I am here." To help

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them feel that they are not alone. To help them tolerate the pain so that they can also experience the love and the joy in this moment right here. Infants and toddlers live in the here and now. As parents and clinicians, we need to find a way to join them.

Post-September 11th Reflections From a Prison Nursery

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I am a Pediatric Nurse Practitioner and researcher currently implementing a long-term study of maternal and infant outcomes for women inmates and their babies in the prison nurseries of medium- and maximum-security correctional facilities in New York State. From the perspective of the prison environment, reflections during the months after September 11th flow from the paradoxes of: social exclusion/world membership, punishment/innocence, hopelessness/promise, and violence/peace.

Prison inmates are by definition an example of a group that is socially excluded. In our nation their social exclusion is the endpoint of due process that began with criminal behavior and ended with sentencing by the criminal justice system. Incarceration is philosophically viewed primarily as deserved punishment or as a time for transformation. My research is conducted in a program-oriented system that aims to return prisoners to society as productive citizens. While socially excluded, prisoners are kept aware of their larger membership with humanity and the world. The Nursery Program is one of the programs available to selected pregnant inmates who apply to keep their infants with them on a special prison unit which has resources to meet both mothers' and babies' needs.

Much attention has been drawn to the world membership of all people since the shocking reality of assault within our own borders and the realization that it was a world network that made this possible. A sense of world membership may not seem relevant for a prison population, but the prisoners I have been involved with have been worried in the same way as free citizens about the future of the world. They are connected to the outside world through television and telephone privileges and are aware of what is happening. For mothers on the Nursery the future for the civilian infant living with them is something they have reason to think about as frequently as mothers outside. It has been estimated, moreover, that up to 80% of all women prisoners have been primary caregivers for dependent children left behind in the community, and they will return to that role when their prison term is completed.

Juxtaposition of punishment/ innocence themes is poignant in prison. Punitive aspects of prison life cannot be discounted. The essential loss of freedom is pervasive, with mandatory counting several times a day; dominance of locks, bars, and razor wire barriers; and rules guiding every detail of life. Within this reality the Nursery inmates particularly value the external environment of their unit which endeavors to create a home-like setting for the infants. The babies themselves are innocence personified. Their presence provides a gentler side of humanity that is absorbed by inmates, corrections officers, and civilian staff.

Our society has been generally punitive toward those who achieve less and has been specifically stigmatizing toward ex-offender women. Currently our government is necessarily in an acutely punitive mode as it takes first-line measures against the terrorist web. What will be the implications for sentence decisions, for the ongoing welfare of children with incarcerated parents, and for long-term services needed by ex-offenders as they transition back to the community? These women and children populations have been largely invisible, with the majority of states not even maintaining statistics on children with incarcerated parents, and it would be easy to let stigma and invisibility persist in a grieving world.

Depression and hopelessness are common findings in prison populations. Maternal depression is a worrisome finding in my research samples where 67% have scores above the cut-off for clinical referral on the CES-D scale. A hopeful finding is that this characteristic has not resulted in developmental compromise for the infants. Perhaps the depression is buffered. Scores on social support, self-esteem, and meaning-in-life measures were unexpectedly high and may reflect the resources provided in the Nursery program. Will these resources be found in the community after release? What will be the outcomes for babies who need to be separated from their mothers during toddlerhood in a welfare-to-work milieu?

Finally, some reflection can be made on the thematic tension between violence and peace. While Prison Nursery mothers have not usually been incarcerated for violent crimes, prison itself has its violent scenes, women prisoners have disproportionately experienced childhood and domestic violence in their own lives, and ex-offenders often return to communities marked by violence. Now we are perceiving our present world as one in which violence is possible anywhere. The infants sleeping so peacefully in the prison nursery cribs will return to a world of unprecedented violence, and their mothers will return to raise them in that context. The attachment paradigm and its connection to predictable developmental outcomes that underpins my prison research suggests how difficult it is to alter the internal working model of relationships that is repeated in one's own life and transmitted to one's children. The Nursery Program offers a hopeful foundation for such transformative work. To make a long-term impact, community programs are essential. The need is not limited to the relatively small number of mothers and infants who have had a prison nursery experience but to the far larger number of ex-offenders who are primary caregivers and to all children whose parents are incarcerated. With immediate

attention on perpetrators of violence, will our society be able to understand the resources needed for early prevention of violent ways of life?

The repeated visualization of airplanes being piloted intentionally into the World Trade Center towers made an appalling impact on the United States and the world. The frightening implications for every aspect of life in the aftermath provide no consolation and only validate the initial horror. In the presence of paralyzing suffering the community of professionals dedicated to infant mental health needs to guide society toward violence prevention that begins with children and to make choices that promote world membership, innocence, promise, and peace.

What to Do With the Future?

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The car radio gave me the news about the terrorist attacks on the World Trade Center and in Pennsylvania, when I was 10 minutes away from my Chicago office that Tuesday morning. I pulled to the side of the road, because I did not think I would be able to simultaneously drive and decide whether what I was hearing was a hoax or not. After a few minutes of listening, it finally became clear that the tragedy was all too real. Because my first patient was probably hearing the news in the same manner that I was, on her way to my office for her appointment, I continued on to my office.

My First Patient

Abigail is the mother of two children diagnosed as having autism. Each child had a comprehensive treatment plan in place, with multiple therapists and a therapy/floor time schedule that would make a CEO of a multinational corporation appear lazy. Three months into their intervention process, their mom worried that she was "going to lose it soon," if she did not get some relief from the stress she felt. It was then that she decided to begin psychotherapy for herself. That was 4 years ago. Both children are currently included completely in the regular education system, with IEPs in place to address their individual learning needs. They enjoy school and their relationships with their friends. Neither has a diagnosis of autism. Over the 4 years of intervention, Abigail and her husband rearranged their lives, their livelihoods, and their personal goals to support their two children to have the best chance at effective development. In the process, Abigail has found an unexpected, deep satisfaction in her relationships with her children.

Abigail and I arrived at my office at about the same time. She was close to tears. We sat together listening to the radio. Abigail spoke only to express her confusion, and sense of dread. After about 15 minutes, she called her husband. Together they decided to pick up the kids up from school and stay at home until they could perceive the scope of this wanton violence. What could help in this moment of real and present danger, and what did she need in order to support herself and her family? She asked me "How do I explain this situation to our kids so that they at least can feel safe? How can I keep the kids safe?"

I alerted her to the issue of traumatic stress and ineffective re-enactments. We discussed what has, by now, become a mantra: "Don't watch the TV very long, and don't let the children watch the TV." You, the parent, be the one to explain the situation to your children. Let them get the news through you. And, emphasize that you, the parent are still in charge of your family. A small child's world revolves around their parents: Their world is framed by what they experience with their parents. Each time you witness the horror over again, you hurt your body with the re-experience of horror, and any other body who attempts to make sense of the situation by watching it over and over again. Abigail commented, "Boy, it sure is a good thing that I already know how to struggle with limits, and that our kids feel okay with us setting limits. Otherwise, keeping the TV off would be a nightmare." Abigail narrowed her focus of the catastrophe to her children's needs. Not only did her insistence that she take care of her kids help her modulate her own fear and despair, it helped her maintain a focus on "what's next." Abigail found a way to integrate the awful horror of 9/11 as it unfolded by staying related to the future. By constructing an understanding of what her children needed in this moment, she created for herself a future-oriented response to the horror.

I am a parent and Family Chairperson for the Help Me Grow Collaborative of Cuyahoga County in Ohio.

People always wonder how a parent feels or deals with finding out that their child has a disability. You know that feeling that people felt when they had heard about the attacks upon the World Trade Center and Pentagon? You saw and heard people feeling lost and helpless as if a piece of their heart had been torn out? I tell them that is how a parent feels when they first learn that their life will be altered forever. It is not the journey we set out on. But it is our new life course and we pick up the pieces, shake ourselves off, and carry on day by day, . . . and soon the dust settles. It is then that we see the sparkle in our child's eye and we begin rebuilding our hopes and dreams one day at a time. After the tragic events of September 11th, I think people have become closer and we are lifted by our similarities. Today is far different than it was prior to the morning of September 11th, and tomorrow has changed for everyone.

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Overcoming Interpersonal Disconnection and Distance

By late afternoon, two moms had cancelled. As the day progressed, fantasies, the evolving news, and rumors swirled about, in, and underneath the surface of our therapeutic collaborations. At irregular intervals, whenever a moment to reflect occurred in the rhythm of my day, an immediate question surfaced. What balance to this senselessness I could provide for my patients? What would allow them to work through their own association of feelings? What focus of my work could bring comfort, or at least a sense of agency in this unimaginable situation?

The day after the attacks, and the second day after the attacks, more parents and children called to "just check in," to confirm appointments, or to explain their absences from our appointments. In the clinical context, the tragedy of 9/11 distinctly burdened the parents of small children with disabilities. Three more mothers, individuals who I would not have judged to be more than mildly or situationally depressed, called to cancel their appointments. These moms usually come so consistently that I can know the time of day and day of the week by their arrival. They each gave a similar answer: We put so much energy into trying to help our small children join the world, and relate to us, and for what? So that some terrorist can blow them or all of us, up? To varying degree, each of these mothers was teary and unable to function, for up to 3 days in one case. For these three mothers, helping themselves or their children maintain a sense of safety, and agency throughout the immediate crisis and aftermath, was extraordinarily difficult. The terrorist attacks exposed the fragility of our perception of safety and our sense of agency.

Safety. We guard our children to keep them safe to grow up and reach adulthood as fully as they can. When we are children, we look to our parents to keep us safe. It is a biologically organizing goal of the attachment process. When we become adults and parents, especially adults steeped in the culture of the United States, we alert ourselves to the need to keep our children safe, and we do it by staying related to them and their needs. We presume that we can always relate to them, and thus always keep them safe. The parents whose abilities to function in the parent role were most affected (temporarily), seemed to lose sight of their own sense of safety in the world, and the power of their choice to relate to their children. They seemed to experience safety as a condition that somebody else is responsible for providing. They did not find a sense of safety or agency in promoting or protecting their relationships with their children.

By the end of the fourth day, each of the three mothers called me to thank me for calling them back (when I called to acknowledge that they had canceled their appointments for themselves and their child). They seemed surprised and curious that I would call. One of the mothers asked me "Why did you think calling would help? Just hearing your voice did help. But, how did you know that it would help?" Truthfully, I didn't.

Irene Stivers' work through the Wellesley Center for Women has suggested that the effect of violence is to create an interpersonal disconnection. My intent in calling each of my patients (who did not come for their appointment) was to remind them that we were connected around other deeply painful issues in the past. I wanted to express my impulse to maintain our relationship now, during this bewildering and painful time. My calling reflected my knowledge that interpersonal relatedness is an individual choice, not an automatic reflex. Any sort of violence, such as the terrorist attacks, provokes interpersonal disconnection and interpersonal distance. We physically and emotionally distance ourselves to preserve safety. Three days following the nightmare another of the parents whom I work with suggested that she and her husband were thinking of moving to Canada. If an entire community engages in this distancing, without physically leaving, we are unable to attune to each other, find empathy, or communicate. When that situation occurs only more violence and disconnection can ensue. For those of us who are not in charge of whole countries, and do not have armies at our disposal with which to protect ourselves, our best tool is our ability, and our choice, to pursue the process of relationship. Parents caught up in their own struggle to raise children with serious disabilities can lose sight of their core power: to relate to, to understand, and to connect with their children.

Early Intervention as the Embodiment of Hope

Another patient, a mom with whom I collaborate in dyadic treatment with her small son, put her struggle with the terror succinctly. "As a mother of a small child with a serious disability, I am already operating at the fringe of my energy level, my ability. When something like this happens, I have no reserves with which to maintain my hope." The effect of the terrorist attacks was to rob some of my patients, and some of the parents of my patients, of their hope, built moment by moment through satisfying interaction with their children. This disruption to their daily routines threatened despair and hopelessness. Four days after the attack, another mother, vulnerable in her inability to hold onto hope, questioned the efficacy of the intervention process in which she and her family had engaged for 22 months. She questioned whether she ought to continue the emotionally grueling, time-consuming, interpersonal juggling act of bringing her son to his therapies that just one week earlier she had judged to be "therapeutic" and promoting development. Her fear distanced her from her own awareness of the efficacy of her son's relationships with his therapists, and her relationships, also with her son's therapists, and most importantly, her relationship with her son.

Interventive action and early intervention specifically, expresses a basic principle about both the process of parenting and that interpersonal relatedness is a value of our national character. Our desire to intervene and help children become all that they can become presumes a fervent hope

that in doing so they well enjoy their relationships to others. It is this hope that parents and professionals share in common. Early intervention is the embodiment of all that we as a culture hope for our most vulnerable babies. The terrorist attacks had the potential to disrupt our personal sense of safety and power. Our fear of danger, and the heightened awareness of risk, robbed many of the parents whom we collaborate with of a sense of hope that our children can find meaningful relationships with others. Hope grows easily in an environment of safety and personal agency. It has a harder time enduring in a context of terror.

Safety is not the only ground in which hope can grow, however. We nurture hope through our relatedness to each other. In our satisfaction, born of relating, we can also develop a sense of self-agency and personal power to protect ourselves. We are capable of acting on that very fringe of our energy which the mother of my patient spoke of, to reaffirm our relationships with each other. These are concrete actions that function as a counterbalance for the terror we all felt on September 11th. As therapists, we can help the families we work with to give meaning to their and our desires to intervene with infants and children. To understand that in our work together, we grasp onto our hope for the future, and we demonstrate our own power to dream, to make a difference. Our hope is that we can help children grow up to be productive, delightful, surprising members of our community. Our dream is that each child, regardless of disability or environmental limitation, experiences the sense of self-agency and the capacity to relate to others in meaningful and satisfying ways.

PHOTO: MARILYN NOLT

PLAYING IT OUT:

The Aftermath of September 11th in Early Care and Education

Editor's Note: In and around New York City and Washington, D.C., child care providers acted heroically on September 11th to protect the infants and toddlers in their care. Early care and education professionals throughout the country have seen the impact of the September attacks and continuing uncertainty on children, families, and colleagues. ***Lynn Manfredi/Petitt****, from Decatur, Georgia;* ***Betty Ann Ablon*** *from Dallas, Texs;* ***Alice Honig****, from Syracuse, New York;* ***Elizabeth Halloran*** *and* ***Michele Knox*** *from Toledo, Ohio;* ***Cleta Booth*** *from Laramie, Wyoming;* ***Jamilah R. Jor'dan*** *from Chicago, Illinois; and* ***Penny Deiner*** *from Newark, Delaware, offer in-the-moment observations and thoughtful reflections on infants, toddlers and preschoolers. Because space constraints made it impossible to include the full text of their contributions, interested readers should contact the authors for additional information.*

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As a child care center music consultant, I observed the shock and aftermath of 9/11 in weekly snapshots. At first, no matter what our ages or roles, everyone was "fogged" and thrown into survival mode. The majority of adults tried to hide the stress and go on as usual. They took the position: "The less said the better." However, I observed that children of all ages were visibly stressed, uncharacteristically fussy, and remained unsettled for weeks. From my perspective, even the youngest children needed more help to understand what they were seeing, hearing, and feeling than they were getting. Most saw some TV news — and all felt the confusion and fear of their adult caregivers. But adults insisted that their children didn't know anything — especially not the babies! So experiences remained unexplored.

There is an unspoken rule in child care to let parents decide what to say to their own children, but numerous parents seemed ill equipped to talk with their children — or anyone else for that matter. A few adults opened up to me

and we processed the events together; others treated me suspiciously — a part-time, nosy stranger in their midst. Because I passed out helpful articles from the National Association for the Education of Young Children (NAEYC), some teachers asked about my ideas of how to work with their own children or kin; most avoided this discussion with their child care children.

I knew of no formal center meetings with staff and/or parents to decide together what to say or how to support each other in this confusing time. In contrast, the Atlanta Friends (Quaker) School renewed its commitment to ongoing communication and took a pro-active approach with families. On September 11th, staff respectfully restrained themselves until parents had a chance to tell their children about the day's events in their own ways. The school then held a meeting to help adults discuss their thoughts and fears, and to decide together how to approach these challenges with the children. Throughout these difficult weeks, administrators, teachers, and parents shared deep thoughts with each other on a daily basis — and in developmentally appropriate ways with the children.

At the child care centers where I consult, it was important to everyone to return to their sense of normalcy. Although some parents took a day off immediately after September 11th or arrived early at the center to do something fun, most brought their children to child care daily as though nothing unusual had happened. Unfortunately, since teachers also took time off or got sick, many children were left with a merry-go-round of substitute caregivers. Watching this, I was struck by the fact that when a crisis hits, children are not given the power to spend more time with those they really love. They are at the mercy of their adult caregivers, who decide how children will spend their time — and with whom — no matter how the children feel.

During the second and third weeks following September 11th, adults in the child care centers I observed became more withdrawn. Personal needs took precedence over everything and everyone. Emotions were fragile. Children spun regularly out of control and some visited miniature acts of terrorism on classmates. A few teachers became impatient and sharp with the children; others reacted almost violently to those who were disruptive. Bonds with children and families, which teachers had just begun to create after summer transitions, were being stretched to the maximum. We are all strangers to one another, after all. Everyone seemed to be feeling, "Why bother bonding! The world is headed for war!"

When the bombing of Afghanistan began, most of the children and adults had just returned to a place of routine and calm. Fewer children seemed to know about the bombing than about the events of September 11th, and I saw no evidence of new or added stress. It was as if we were all saying, "Okay, enough is enough! We have to get back to living." And so we have. War is once again an adult affair.

When I began teaching a song that celebrates the word "peace" in Arabic, Hebrew, French, Russian, and English, I saw appreciation in the children's eyes — especially in the eyes of those too young to use words. Parents and teachers have started singing this song, too. It feels like a good direction for all of us.

Although I am only a part-time "stranger" in the child care centers where I work, I try to model ways of assuring children that the stresses they still sense in the adults around them are not their fault. I find myself now hugging children more often, picking up those who are fussy, modeling empathy. These children are the future; this is the world they will inherit. I want the experience of a compassionate, responsive, peace-filled world to be the one that is hard-wired in their brains.

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My work with caregiver groups in the last month has focused on helping caregivers work through their feelings; only when they have indicated their readiness to move on has it focused on the children. In the four groups with which I have a long-term training relationship, I have been simply stunned by the richness and complexity of the discussions that have ensued. In one group, a caregiver talked about her own heartbreaking experience with her children, who were intensely angry at her when their father died, because in trying to protect and shield them from the pain of knowing of the severity of their father's illness, she left them unprepared for his death.

As caregivers talked about experiences they had had as young children trying to make sense of a frightening, strange experience, I could talk to them about developing the "third" eye and the "third" ear. That is, instead of automatically redirecting young children's aggressive play and subtly communicating our disapproval of it, we could begin to see and hear it differently. What are the children telling us, what are they showing us, what are they asking of us through their play?

Together at our meetings we have begun to explore in a much more meaningful way how to understand and use children's verbal and nonverbal communication so that, once again, young children can feel safe and protected as they go about the critically important business of learning about their world.

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Helping with grief work in the aftermath of the September 11th terrorist attack needs to take into consideration helping children, individually, and in child care or other groups; helping parents; and helping teachers and counselors. Also, the

timeline will vary. Some folks will only feel their deepest worries or fears weeks and weeks, even months, after their initial shock and attempts to stay calm and be there for the children in their care.

As a licensed New York State psychologist, I have been able to meet with families in a public library setting, with directors and teachers in child care, and with staff members at specially convened meetings to help them sort out their own responses as well as ways to work with children.

Children can be more aware of the terrorist attacks than adults believe. This is important for adults to realize, because on September 11th some parents, as soon as they heard about the terrorist attacks, ran to pull their children out of child care and told some teachers they did not want their children to know anything about the attacks. Obviously, this makes for an impossible situation for a teacher. One teacher told me that a 4-year-old had lost two uncles in the World Trade Center attacks, yet some parents did not want her to mention the terrorism in her classroom.

Sometimes, preschoolers who have vivid imaginations about a monster under the bed or in their closet also create imaginary carnage in addition to the actual WTC killings. One preschooler recently drew a sad face. His teacher asked him who that was. "That is my Uncle Joey," the child answered. "He looks so sad. Is he sad?" asked the teacher. "Oh yes, because they killed his baby girl, Lara, in the airplane crashing," the child assured his teacher. The teacher, who knew the family situation well, said, "But, honey, your little cousin is just fine. No airplanes were crashing in Syracuse." "Oh, I just p'tending," answered the preschooler.

For teachers and caregivers, this is a good time to explore in group time with children why we have such strong classroom rules about helping each other, not hurting; about being kind and sharing with each other, not mean. This is a good time to emphasize books about kindness; I call this "bibliotherapy." If we renew our dedication to work toward creating a more convivial society, then our efforts to heal from the terrorist attacks will strengthen our children's loving commitment to family, friends, and community. The grief work goes on. And so does the healing and renewing our dedication to creating a kinder culture for our children and with our children.

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Virtually every American was affected in some way by the events of September 11th, but in Toledo, Ohio, 1,000 miles from New York City, many adults had the opportunity to shield infants, toddlers, and preschoolers from the horrific events. We called eight area child care centers and preschools and asked them how they handled the events with the children in their care.

Two of the day cares/preschools reported having television broadcasts running in the classrooms of children 3 to 5 years old on September 11th. Other teachers decided not to show or discuss the attacks, saying that the children are "too young." In some cases, teachers described parents calling to urge them not to discuss the events with their children. In other settings, teachers told preschoolers and kindergartners what happened. One teacher did not tell the children what happened, but the classroom project in the days following the events was to make American flags or praying hands. To explain the project, the teacher talked about the victims dying and going to heaven.

How did the children react? Many teachers told us that they did not notice any changes in children's behavior, play, or topics of conversation. One preschool teacher, however, described children "playing New York." This meant repeatedly crashing toy airplanes into towers of blocks. In the same preschool, children played "firefighters" and "police officers" by "playing dead" on the floor.

While most of the day care/preschools in Toledo that we talked to did seem to protect children from news of the September 11th attacks, a significant minority thought it appropriate to show news images of the attacks in the classroom and talk about what had happened. We do not believe this is developmentally appropriate, due to the risks associated with children's exposure to violence through visual images or hearing about violent acts. When children are personally affected by such events, they need to be given developmentally appropriate information. However, there is no clear benefit to sharing this information with youngsters who are not personally affected. Although such information may help them better understand the reasons adults around them are suddenly anxious, it is imperative that adults be helped to manage their anxiety so that they can keep the needs of the children in their care in the forefront, and convey to them a sense of safety and security.

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On Wednesday, September 12, I started "circle" by asking if anyone had any news to share. Several of the 3-, 4-, and 5-year-old children talked about the events of the previous day, fears about monsters, and scary dreams.

A few days later, talking privately with M, who had just turned 5, I apologized for missing some of his turns to talk on September 12. I asked if he still had anything he wanted to

say about what had happened. He said, emphatically, "Ten planes hit 10 buildings!" When I assured him that it didn't happen to that many buildings, he insisted that it had: "Three buildings the first day and then the next and the next." When I asked M if he had been seeing the attacks over and over on TV, he confirmed he had. I explained that it had only happened on one day, and that TV kept showing the same pictures over and over. "No," he asserted, "They are different pictures!" I tried to explain to him that they were pictures from different angles, but of the same events. M could not be convinced.

During the last week of October, the events of September 11th surfaced again, even though we had not talked about them in school since the first week.

- On Tuesday, one 4-year-old, who watched the attacks on TV but hadn't spoken or drawn pictures of the events, suddenly asked her carpool driver, "Did you know a plane flew into a building?" The startled driver asked, "Today?" The child answered, "No, a couple of days ago." When the carpool driver confirmed that planes had flown into buildings a few weeks ago, the two carpool children spent the rest of the way to school talking about the details.
- Thursday, I observed a boy in our class playing quietly alone with blocks. After awhile, he built a tower and smashed a plane into it, knocking it down. Then he went on with his play. After awhile I went over to him and asked him quietly, "Are you still thinking about the scary news that was on TV?" When he replied, "Yes," I asked him to tell me more, and he said that he was thinking about the people who died.
- A mother told me that her 4-year-old, waking from sleep at the end of a car trip to Denver last weekend, suddenly saw the tall buildings of the Denver skyline. She asked, "Are those buildings going to fall down?"

I think it is significant that after 6 weeks, the children were still processing the events of September 11th, and some were only now reaching the point of raising them. I'm pretty convinced that no child over 2 is unaware of the events and all are continuing to process them. Furthermore, my experience has been that it isn't enough simply to wait for preschool-age children to ask questions. Sometimes some topics seem so frightening or "taboo" that children won't talk about them unless parents overtly "give permission" by raising them. During the Gulf War, for example, I asked children in my class if they had been watching TV the night before. Many reported on their favorite Disney videos. Knowing that one child in my class was from Iran and would most certainly have been exposed to news of bombardments in Iraq, even if others weren't, I mentioned that I had seen something scary on TV. Immediately, the floodgates opened, with children pouring out images of lights flashing and bombs exploding and ambulance sirens and "ghosts" (those people in strange, long outfits that half-hid their faces). Something similar happened with the Oklahoma City bombing.

We would like young children to be completely safe and innocent and untouched by the evils in the world, but perhaps that underestimates them. They are not oblivious, even when they appear to be. In fact, young children, even those as young as a year or so, are like keen antennae, picking up the nuances of everything around them and working to interpret and make sense of all that they experience. A chance word, a tear hastily wiped away, a comment from a passerby — all will be processed by a preschool child. If we don't explicitly let them know that it is safe to ask questions, they will struggle to process these things alone, sometimes creating their own more frightening meanings.

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I direct the Chicago Accreditation Project (CAP), a public-private partnership launched in 1998 by the City of Chicago and McCormick Tribune Foundation. Our goal is to improve the quality of child care in Chicago by getting child care sites accredited or reaccredited — especially those sites serving low-income children. In addition, CAP seeks ways to help improve the quality of home day care.

On November 1, at the National Association for the Education of Young Children's national conference, I facilitated a workshop on Societal Violence — Implications for Early Childhood Professionals Supporting Children and Families, sponsored by the recently formed NAEYC Violence in the Lives of Children Interest Forum. I posed to this group the two questions that *Zero to Three* had posed to the field: 1) What are people observing in the aftermath of September 11th? And 2) How can we help each other recognize and meet the challenges of nurturing very young children and families while we ourselves are under extraordinary stress?

Workshop participants noted the dramatic play themes, difficulties with separation from parents in the morning, and increased aggression among some children that many observers have seen (and anticipated). It was adult behavior that concerned participants most — parents who were heard making derogatory remarks about other children, and a request to a program administrator from one family who asked that children of Middle Eastern descent be removed from the child care program and threatened to remove their own children if the director refused.

Although some participants said that Child Care Resource and Referral agencies in their areas had provided support for caregivers, many participants in the workshop said that this had been their first opportunity to talk about their feelings concerning the events of September 11th and their aftermath. They especially valued the chance to discuss the stress they are experiencing, rather than the politics of

terrorism. Participants were given copies of *Violence in the Lives of Children— Resources on Children Coping With Trauma*, a compilation of resources from NAEYC, the American Psychological Association, and other organizations; overall, however, they had found few resources available. Participants said that many caregivers have to deal with stress and trauma on a daily basis, with no place "to fill up" when they are "running on empty" and there are no reserves. Perhaps the events of September 11th will build awareness of the need to support caregivers adequately, so that they can support children and their families.

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Events such as those occurring on September 11th focus our attention on children and stress. To put this stress into context, one must look at it from the perspective of the family. Galinsky's findings from *Ask the Children* (2000) add further context. When children were asked, "If you were granted one wish that would change the way that your mother's or father's work affects your life, what would that wish be?" Most children wished that their mothers and fathers would be less stressed and tired. This was before September 11th.

Concerns about terrorist attacks, anthrax, future violence, and economic worries add to the stress that family members are already feeling. McCubbin and Patterson (1982) offer a useful model for thinking about families' adaptation to crisis. Clearly, we are now dealing with what they would call a "pile up" of stressors. To understand how this impacts children's lives, we need to know the child's definition of the stressors and the resources he/she has to meet the stress. Our role as early care and education professionals is to help children clarify their perception of stressors and to provide the child (and family) with additional resources to mediate the stress.

Children will respond to stress differently because of their individuality, their age, family/cultural perspective, their past experiences with stress, and the ability of significant adults to mediate the stress. For some children the actual events of recent months — airline crashes, anthrax — may be irrelevant. What is more relevant is the ambient level of stress in the family. To understand young children's perceptions and definitions of stressors, early care and education professionals can:

- **Observe children in a housekeeping area and note the atmosphere and roles children play and how they play them.** Ask children questions about how they are feeling and why.
- **Help children develop a vocabulary to accurately reflect their concerns.** In addition to words that reflect specific emotions, be sure to include words that are relative, such as "sometimes," "often," and "rarely," as well as words that reflect absolutes, like "always," "never," and "no one." Help children apply these words in describing stressful situations.
- **Read books about feelings**, such as *Feelings* by Aliki and *Everybody Has Feelings/Todos Tenemos Sentimientos* by C. E. Avery. Help children state their ideas and feelings before sharing your thoughts.
- **Encourage children to draw a family map.** Have children represent each person they consider family in some way on paper. Talk to children about their families and about the arrangement of family members, including closeness and distance.
- **Ask children to draw pictures** about when they were feeling specific negative emotions. Encourage children to talk about their drawings. Then have them draw pictures about positive feelings. Again, ask them to talk and even reflect on the differences between the two pictures.

Early care and education professionals can help young children build inner resources to resist the impact of stress.

- **Emphasize routines and predictability both at school and at home.** Provide additional time for children to get organized before they leave early care and education settings, as disorganization increases under stress.
- **Help children learn about the value of physical activity during times of stress.** Increase the time you spend on creative movement and large motor activities. This will increase serotonin levels.
- **Tell relaxation stories** (see Deiner, 1999).
- **Choose activities where children can make choices and be in control.**
- **Provide children with short scenarios that depict developmentally appropriate problems** (two children want the same toy) and encourage children to think of solutions. Encourage children to think of additional solutions by asking, "What else could they do?" Help children work through the implications of each solution.

Working with children and families who are experiencing stress is complex and at times even uncomfortable for educators. It requires a commitment to the well-being of children and an ability to take some risks.

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EARLY HEAD START

PHOTO: JANET BROWN MCCRACKEN

SEPTEMBER 11, 2001: *The Head Start Experience*

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Our unique role as a federal agency charged with delivering support and guidance to a nationwide program serving a diverse mix of low-income children and families presented unique challenges with respect to our response to the events of September 11, 2001. The most salient challenge perhaps being the swift and accurate identification of the immediate and continuing needs of our children, families, and staff affected by the tragedy and the prompt delivery of appropriate resources to meet those needs. Thus, our immediate focus was on Ground Zero and broadened in scope over time.

We immediately identified the Head Start and Early Head Start programs located in the lower half of Manhattan and gained assurance of their safety. Funds were quickly disseminated to these programs to be used for any disaster-related activities necessary. Additionally, training materials and information regarding young children and trauma (the Safe Havens Project) were provided to all New York Head Start and Early Head Start programs.

We then broadened the scope of our effort to encompass the children, families, and staff across the country who may have witnessed the terror on television in real time or during the many times it was repeated. Within hours after the events, we received troubling reports from across the country of weeping teachers in hallways and children staring at repeated images of death and destruction on televisions. We were then informed that some children were being encouraged to confront their anxiety by recreating the events through pictures and stories in a process of presumed catharsis led by staff members who were not likely to be adequately trained to perform such "therapy." Based on these reports from the field and media, we felt we should next focus on the mental health of the children and staff by making available to our local programs useful information on how to help children and staff members deal with the anxiety generated by the events. We felt the quickest way to do this would be electronically.

We sifted through pages upon pages of Web site information to develop a short list of those sites we felt contained the most appropriate information. There were dozens filled with "how to" advice. Unfortunately, there

were few with advice for dealing with very young children. In addition, there were many Web sites whose advice was not science-based or, in contrast, so science fact laden that their utility escaped those who could most benefit. Finally, we found many sites whose content was contradictory or whose information we felt was simply wrong. This led us to refine and post our own set of general guidelines for helping children cope with the anxiety associated with the event (www2.acf.dhhs.gov/programs/hsb/talking_to_children.htm; see also, "What Can I Say When I Can't Understand What Happened Myself?" Supporting Young Children During Frightening Times, this issue).

Furthermore, strikingly few Web sites provided information for taking care of staff. We, therefore, also provided information for directors, administrators, and staff supervisors about how to help staff members deal with anxiety related to the traumatic events. Finally, we coordinated with other federal agencies on the information contained in their Web sites. This was not itself without some controversy. Even within the sites of sister agencies we found instances of advice that we felt was inappropriate. This was fortunately quickly resolved and we were able to compile and post a list of Web sites that we felt reflected the most appropriate information to meet immediate needs.

As we try to meet the needs of our children and families related to trauma, we are reminded of an already overburdened system of mental health services for children — in particular for very young children. Now, more than ever it is apparent that our field must galvanize our resources and resolve to create comprehensive and responsive services for all of the children and families in all of the circles we serve.

"If we are to reach real peace in this world, we shall have to begin with the children."

Mahatma Gandhi

Helping Early Childhood Programs Respond: *The Safe Havens Training Project*

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This is a time of great uncertainty for all. As programs respond to the variety of needs and reactions of the children in their care, it becomes apparent that the best way to help young children restore their sense of security, well-being and competence, is to maximize the power of our relationships with them.

Furthermore, in the months ahead, programs will have to be prepared to deal with the aftermath of the tragedy — including financial and physical security, family members and/or co-workers as part of the military response, children's internalized anxiety which may get demonstrated in challenging behaviors, and the need to work collaboratively with staff and families from diverse cultural backgrounds.

The National Child Welfare Resource Center for Family-Centered Practice, in partnership with Family Communications, Inc., the New York Head Start Collaboration Project, and the New York University Region II Quality Improvement Center, is assisting early childhood programs respond to the needs of staff, families, and children through the *Safe Havens Training Project: Helping Teachers and Child Care Providers Support Children and Families Who Witness Violence in their Communities*, a video-based training program developed by Family Communications, Inc., and the Child Witness to Violence Project at Boston Medical Center. (For information on Safe Havens, contact Family Communications, Inc., at 412-687-2990.)

Some early childhood programs have responded to the needs of the children and families they serve, using the infrastructures developed around the Safe Havens materials:

Region II Head Start Quality Improvement Center, in collaboration with the Youth Consultation Services, the New York University Head Start Quality Improvement Center sponsored the development of a training-consultation approach in three New Jersey Early Head Start programs. Intensive training workshops — using and expanding the Safe Havens curriculum — followed by classroom/family observations, case/classroom clinical consultation and supervision, ongoing technical assistance on policy development, and strategic planning, are planned over a 9-month period. Contact: Liz Marsh, NYU Head Start QIC, (212) 998-5550.

Head Start Collaboration Office, working within the Council of Children and Families, created a statewide Safe Havens project under the auspices of a Violence Prevention Initiative. This office assisted in developing a Web page with statewide resources for early childhood providers and helped develop the brochure *How to Respond to Children Affected by Tragedy*. Contact: Judy Sikora, Director, New York Head Start Collaboration Project, (518) 474-6294.

The Preschool Project is the Multicultural Family Services Coordinator initiated a series of bilingual trainings opportunities for immigrant Latino families, who were re-experiencing previous losses of homes, friends, and families; torture; and war, to talk about their specific feelings and concerns. The Safe Havens outreach supplement (in Spanish) was used. Contact Lissette Rivera, The Preschool Project, (215) 634-3325.

Butterfly Garden Early Learning Center, a child care center serving welfare-to-work mothers of children birth to 6 in Pittsburgh is using Safe Havens materials to discuss

PHOTO: JANET BROWN MCCRACKEN

violence issues in an every-other-week support group for mothers and staff. Although the staff and mothers do not feel personally affected by the terrorist attacks in New York or D.C., they use this forum to discuss issues related to violence in their own communities and to finding ways to advocate for law enforcement and other services to protect their children. Contact: Bobbie Berg, (412)-331-7656.

Head Start, Dansville, New York. Using a coalition previously established around the Safe Havens concept, this rural Head Start program in upstate New York is using Safe Havens materials to train other agencies to respond to the mental health needs of children, staff, and families. Participants in these trainings include a diverse range of public and private agencies (including the Town and Village Boards and law enforcement agencies), and several service organizations. Contact: Cathy Dickerson, (716) 335-6435.

Staff in programs that had been trained using Safe Havens materials were able to pull on that material as a framework for addressing child, family, and staff needs to develop informational resources, process the experiences with staff and families, provide training to community partners, and evaluate their policies and procedures for emergencies. The following are some lessons they have learned:

In the wake of the terrorist attacks, the reactions of children can be understood as a series of concentric circles. At the center — and probably hardest hit — are those who lost an important relationship. Next are those children who saw the events from very close or those that are more vulnerable because of other risk factors such as poverty, substance abuse, and homelessness or having experienced or witnessed violence in their homes or communities.

Integrating an early childhood mental health perspective into the children's program or home and at the same time connecting the adults (staff and families) with the supports they need provides the most powerful approach to helping young children.

The understanding and support provided to children, staff, families, and communities has to be based on the reality of people's history, lives, cultures, languages, and financial circumstances.

Programs with a high percentage of immigrant families, or with Arab or Muslim families, are experiencing heightened anxiety concerning safety for all their community.

MIAMI'S JUVENILE COURT/EARLY HEAD START PROGRAM *Enlists Parents, Grandparents, and Foster Parents to Create a School Safety Plan*

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For the toddlers enrolled in the Miami Safe Start's first Juvenile Court/Early Head Start program in the country, violence, maltreatment, and neglect are already a part of their young lives. Their parents have failed to protect them, or worse, had been the very adults that abandoned or maltreated them. For many of the court-involved caregivers, sharing positive interactions with their children is not something they themselves have regularly seen modeled, nor have many of them received nurturing from their parents as they grew up. Identified through the court's dependency system as the community's most at-risk families, the Miami Safe Start toddlers and their primary caregivers for the first time have the opportunity to participate not only in a specialized Early Head Start, but also in a dyadic therapy program. Enhanced primary medical care and case management services are also provided, as well as enhanced Guardian Ad Litem and legal services.

In the week following the September 11th events, Miami, like the rest of the nation, was overwhelmed and numbed by the magnitude of danger and uncertainty that prevailed. Ironically, parent orientations had been scheduled for the special Early Head Start program during the week following the disaster. What we observed that was critically different in those meetings was an apparent new sense of concern vocalized by the parents on the part of their children. Grandmothers, foster mothers, and relative caretakers expressed worry and concern for issues of security at the EHS site. Questions were asked about who was

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authorized to enter the building? Were all the entrances and exits locked from possible intruders? What was the school's plan in the event of a catastrophic event in Miami? The questions and concerns about their toddler's school safety brought to light at those meetings served as additional impetus for staff to think more about concrete action plans for emergencies. Staff, in turn, took the discussion to the Miami Safe Start community policing leadership to begin a safety plan to submit to the EHS parent council.

This specific group of new EHS parents, most likely unaccustomed to being involved at the frontline of their children's school, had, in fact, helped to initiate a plan for their children's safety and were engaged in the proposed work with the Safe Start and EHS staff to create an emergency plan. Engagement of the parents at that critical entry level has continued as a result of those catastrophic events.

Helping Cognitively Delayed Parents of Infants and Toddlers Cope With 9/11

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Early Head Start
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It has been difficult for me to comprehend the full impact of September's terrorist attacks, and it is difficult for me and my colleagues to manage the depth of our feelings, both personally and in our work. What can it be like to cope with all this as a cognitively challenged parent of an infant or toddler? Our Early Head Start (EHS) program includes a large number of parents who are coping with this challenge. Our EHS staff come to families with a listening ear, empathetic understanding, and sound guidance, to help parents nurture and protect their very young children amid the ordinary stresses of life. We have used the same approach in the aftermath of September 11th.

In our training on effective strategies for working with cognitively challenged parents, we have learned that a person with an IQ of 70-79 typically needs at least 45 exposures to an area of information in order for understanding and mastery to occur. We value revisiting and repetition, and used these strategies after September 11th to emphasize themes that are a central part of our ongoing work.

- Young children *are* affected by what they see and hear. We strive to help parents truly understand this vital concept over time. More specifically, in group discussions with parents we explain that infants and toddlers "take in" what they see on TV and hear in conversation, and, therefore, need to be protected from exposure to devastation in the media. Parents talk about keeping the TV news turned off and not discussing details of traumatic events in front of their little ones.
- Parents are their child's most important teachers and protectors. This is a critical lesson for parents. When we reconnect with parents, in a group meeting at the center, or on a home visit, we regularly start the conversation by asking, "What are the ways you are making sure, this week, that what your child is 'taking in' is healthy sounds, sights, and feelings?" Asking this question helps makes sure that parents have many repeated opportunities to describe what they are doing for their child that is healthy, and to discuss specific ways of protecting children from stressful and frightening information.
- A nurturing and predictable routine is necessary for children, especially when traumatic events occur. Our program provides a healthy social/emotional environment for parents who might otherwise have difficulty meeting the social and emotional needs of their young children.

We work hard with parents on containment — slowing down, rather than jumping to conclusions. Unforeseen losses, critical illness, and accidents can happen at any time. No matter how effectively we plan, we *can't* make the world a predictable place. Parents with cognitive challenges tend to feel especially keenly that they lack control over their lives. We help parents understand that young children are a "barometer" of the emotions of the adults around them. We nurture parents' ability to "keep it together" or "hold that thought" rather than give expression to strong fears and feelings in ways that might confuse or frighten a baby or toddler. To protect children from additional stress, we talk about waiting for the right time to express ourselves.

The events of September 11th made us realize how much we, as a staff team, needed to reach out to each other and offer the very same help we offer to parents. We are in this field because we are "people persons." We know that to work effectively in relationship-based ways in EHS, we ourselves must "be in relationship" as we respond to terrible events with painful feelings, including fear, anger, or profound sadness — or with denial, shock, and numbness. The "parallel process" of helping ourselves so that we could help families began as we cried together and asked the echoing question, "How could this have happened?" Then we listened and validated each other's feelings, not just on September 11th, but for many days to come. Each of us has been affected in different ways, but what is apparent is that each person is affected to some degree and continues to be affected on some level. So it is with the families we serve.

Nick Wechsler, from the Ounce of Prevention Fund says, "Caring for ourselves is the only way we can care for others." As we have been a staff supporting, understanding, and sharing with each other how we have been affected, we are better able to be fully available to the infants, toddlers, and parents we serve.

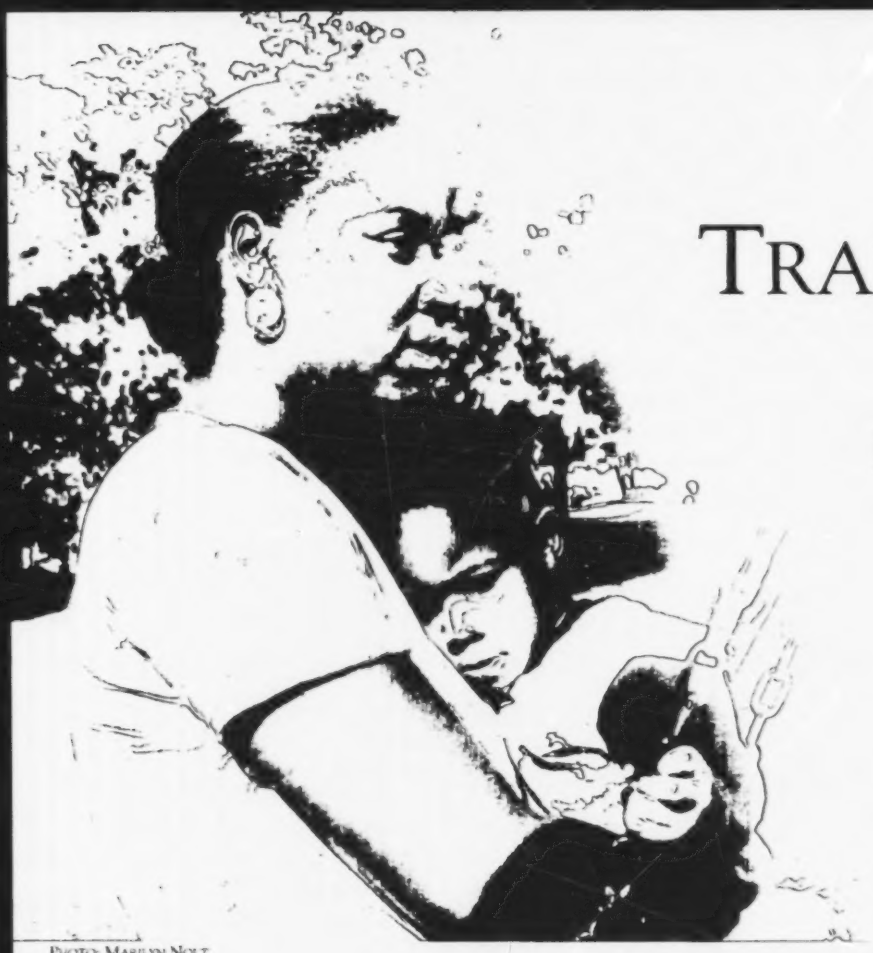

PHOTO: MARILYN NOLT

TRAINING AND SUPPORT

For Infant/Family Practitioners

SHOULD TEACHER TRAINING PROGRAMS INCLUDE DISASTER WORKSHOPS?

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New York City is a very unfamiliar place at the moment. Gone is the flippant and cynical attitude attributed to New Yorkers. For many of us there is an overwhelming feeling of vulnerability and a sense of unease living here. All the while the media tells us to "resume life as normal." This is a difficult if not impossible task. None of us, least of all the children, will ever be the same. Perpetuating this media fairy tale may in fact be more damaging in the long run to everyone, especially children.

Working outside of Manhattan is an equally strange experience. As an educator in a teacher training program at a small private college 65 miles outside of New York City I find it unnerving to see that many people, both faculty and students, appear to be unaware that the danger is ongoing and the traumatic effects of the disaster are only just beginning to present themselves in our children. For some, mostly young student teachers, Manhattan is a distant place with no real bearing on their suburban lives. They fail to see how the WTC disaster impacts their local communities or that it has national and international implications. The reality, of course, is that many of those whose lives were lost in the WTC disaster lived in the suburbs. Many, many of the children left parentless by this tragedy will be in suburban classrooms in the future.

So how do we prepare our student teachers for the reality that many children, directly and indirectly affected by the tragedy, will suffer signs of post-traumatic stress disorder? What should we be incorporating into our teacher training programs to prepare our future teachers for dealing with our new reality?

It is quite possible in our post-September 11th reality that teacher training programs should now include disaster planning. Fifty years ago it was unheard of to think that student teachers should be educated in child abuse prevention; we now know better. Ten years ago it was unnecessary for teacher training programs to include violence prevention workshops; we now include this training. We may now need to add a disaster plan workshop for our student teachers in order to properly prepare them for catastrophic events.

Just after the September 11th disaster I asked the student teachers in my lecture courses to participate in some activities regarding disaster planning. We talked about the role of the classroom teacher and his/her responsibility, not only for educating our children but also for keeping them physically safe. Working in groups I asked them to devise a plan that would successfully evacuate a classroom of students with mixed abilities. I asked them to think about the things they would have to take into consideration before, during, and after, like administrative support, physical layout, drill and practice, cognitive and physical abilities of the students, cooperation and collaboration with support staff and colleagues, family intervention, issues of diversity and multiculturalism, and outside support services. At first they were unsure what the purpose of this activity was but after talking about their feelings of the events, sharing stories of personal loss, as well as some classroom experiences in schools where there is already disaster planning, they began to see the point. After they completed their activities, we discussed the feasibility of their plans and adaptations that might need to be made depending on the age, abilities, and diversity of the students in their care. We also spent a good deal of time talking about ways to help families and children cope after a tragic event and methods for finding the appropriate references and services.

Sixteen of 19 students in our class in children's cognitive development were parents or caregivers of infants and young children. We created a set of materials to meet the informational needs of caregivers who were facing multiple demands and intense emotions.

While we can never plan for every disaster, and certainly the events of September 11th were unprecedented in our country, we now need to think seriously about preparing student teachers for what many other countries already experience. Countries like England, Ireland, Israel, and Palestine frequently deal with disasters, while not of the magnitude of the WTC tragedy, that are traumatic and life altering nonetheless. As educators in the United States, it is time to open wide the issues surrounding diversity and multiculturalism. It may also be time for us to find out how other countries prepare their future teachers to deal with traumatic events and incorporate this type of guidance in teacher training programs in the United States.

The Class Decided to Refocus

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I am a professor in the College of Human Resources and Family Sciences at the University of Nebraska-Lincoln. During fall 2001, I taught a class in children's cognitive development. Of 19 students who participated, 16 were parents of young children and/or currently employed in early childhood education settings. Many were responsible for the direct care of infants and/or young children. After September 11th, the class decided to refocus.

Using reflective supervision to clarify student thoughts, feelings, and fears and a "care for the caregiver" model, we created a set of materials about infant and child development across a range of topics that were directly and indirectly related to the informational needs of those who were caring for children in the face of the multiple requirements and emotions that had surfaced (e.g., development of prejudice, fear, self-concept; understanding of death, geography; televised events). I would be happy to share our materials with anyone who is interested.

Reflective supervision involved a dialogic approach in which class members constructed developmental knowledge and nurtured dispositions necessary to perform as effective caregivers, teachers, and parents. We integrated research literature and theory-in-practice, framed and reframed potentially useful activities, jointly problem solved, and reflected and acknowledged feelings as we proceeded. This process responded to the unique developmental needs of very young children and their caregivers because it placed information about earliest development within the context of a continuum and reminded adults not only of the trajectory of later development but the foundational importance of earliest cognition.

Developing information for parents and caregivers also helped to reinforce the idea that the best resources help adults to respond to the unique developmental needs of young children in current circumstances in the context of family, community, culture, and history.

This was best illustrated when a class member reported taking her just 4-year-old daughter and a same-age friend to church on the Sunday after the terrorist attack. Parents in both families had discussed how attending services would help their children understand that they were safe, that routines would remain, and that others cared about them. As the visiting child approached the entrance to the church, she stopped, looked up, and froze. "This is a very tall building!" she whispered to her friend as tears started to stream down her face. At 4 years of age, this child had words to tell supportive adults about her fears. How then do our youngest children tell us, show us, lead us to an accurate understanding of how they are coping with the changes in their world

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and that of their significant adults? Developmental information across topics is a useful first step.

What did we learn from this child and from all the children, caregivers, and adults who helped us with our project? We finished the semester with a clearer understanding that:

- Increased understanding of development across domains aided in the formal and informal assessment of how children of all ages were coping;
- Reflective supervision and group sharing promoted a sense of safety where feelings could be openly shared and respected and a sense of purpose when facts could be creatively crafted into user-friendly products; and
- Each child's developmental life course was embedded in and will continue to be shaped by the historical frame in which he or she lives.

Facilitating Learning in the Midst of Disaster: *The Impacts of September 11, 2001, on Preservice Training of Early Childhood Teachers*

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The morning of September 11, 2001, was no different from the previous mornings of my first semester as an assistant professor at a state university in Pennsylvania. I arrived at work feeling prepared and eager to teach the undergraduate classes of students who will soon become early childhood teachers. Tragically, however, before my first class even started, disaster had struck our country. By the time class began, two planes had destroyed the World Trade Center, one had damaged the Pentagon, and one had crashed in a field in my home state. With feelings of shock and numbness overcoming me, how could I enthusiastically teach the lessons which I had so thoughtfully prepared?

In the midst of devastation, I would have to face the students and facilitate their learning. Needless to say the lessons and activities that I had so earnestly planned would not suffice. My charge was to turn the disaster into a teachable moment. Quickly I brainstormed on how to accomplish this as I turned to my resource file on violence and young children and gathered articles, position statements, and handouts.

Once in class, the students, as expected, exhibited distress. They expressed fear, confusion, and a desire to discuss the day's events. We began class by talking about the terrorist attack on the United States and how this directly impacted them and their families.

I then refocused the discussion to early childhood issues. In small groups, then as a class, the students discussed how they would have reacted if they were child care workers in New York City and in rural Pennsylvania. Would they remain open or call parents and ask them to take their children home? How would they protect children from harm? What would they say to reassure the parents that their children were safe? How would they promote and encourage an appreciation for cultural diversity? Finally, how would they interact with the children? Would they tell the children what was happening? Would they have the television on and let the children see the explosion of the World Trade Center and all of the people hysterically trying to escape? How would they reassure children that they were safe? The students' responses and reasons for their responses to the discussion questions showed intensive thinking on their part. We referenced my files on children and violence to supplement the discussion, and my plan to facilitate learning was successful, even in the midst of disaster.

Unfortunately though, the emotions generated by the events of September 11th did not end with the day, nor did the terrorism. The tragedies continue to affect our classroom discussions. Students spend much time compiling lists of agencies and organizations that serve as resources

Photo: Marilyn Nolt

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for children and teachers in times of disaster. They develop lists of strategies for helping children cope with disaster, and describe warning signs of stress in young children. The social-emotional development and mental well-being of young children emerged as a common theme among the classes that I teach. Our local student chapter of the National Association for the Education of Young Children conducted a fundraiser and donated the money earned to the New York City chapter.

Undergraduate university students face developmental challenges as they grow out of adolescence and into adulthood. They should not be forced to deal with such issues as terrorist attacks on their homeland. I remember my undergraduate college years as fun and exciting. Although they made me aware that teaching young children presents difficulties, my professors and classes emphasized the joys of working with young children. Because of the disaster of September 11th, the students in my classes also must learn to prepare for violent tragedies that may directly affect the child care centers and schools in which they will work. As an advocate for promoting mental wellness in young children, it pleases me that the students show such desire to learn about social and emotional development. It is good that students are learning to identify warning signs of stress and mental illness in young children and to prepare for violent disasters, as well as working together to raise money for child care workers in New York City. However, it is unfortunate that they are challenged to do these things because of such catastrophic circumstances. I believe that good things can come out of bad situations. The early childhood majors whom I teach have shown me the good that has come out of the disaster of September 11, 2001.

The Home-Based Interventionist: *Offering Unintrusive and Respectful Support*

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River Oak Center for Children is a private, nonprofit provider of behavioral health services in Sacramento, California. The Infant/Toddler/Preschool Division is one of many levels of programming the Center has developed in order to address the needs of children and their families in the community. We are fortunate within this Division to be able to offer both prevention-focused and treatment-based intervention. Since nearly all of our services are provided in the families' homes, we face unique challenges in the provision of infant mental health intervention. We are convinced that the most critical challenge to successful programs is building the relationship with the family.

The focal point for in-home service delivery to infants and toddlers is not the interventionist, but the parent or caregiver, and as such, enlisting and preparing the parent or caregiver for service is crucial. The interventionist must be viewed as competent, or else the suggested interventions will never be attempted. At the same time, the parents must feel (and be) respected and supported so that they gain confidence in their own interventions, allowing intervention to continue after the "interventionist" has left. Interventionists are somewhat invasive in this process in order to provide the most thorough and practical results for families, and it takes a particular set of skills to manage this without being offensive to the parents/caregivers.

As mentioned, the greatest challenge in our work is building a relationship with the family, and an essential element of that relationship is trust. Families must trust us in their homes, with their histories, with their children, and with their lives. Our request for trust in our "outside" intervention places families in an extremely vulnerable position and adds to the difficulties of establishing a working relationship. The recent attacks on American lives further added to this challenge in unexpected, but maybe not surprising ways. Following the destruction of the World Trade Towers, we witnessed all families in America "cleaving unto their own." It seemed that everyone called to check on his or her family members located all over the world. We began to notice that families in the community were not comfortable allowing their children to attend school and that many co-workers stayed home with their families. We also noted that, in the weeks following the tragedies, we had an unusually high cancellation rate within our programs. We considered the possibility that families were simply less willing to allow others in their personal space during this crisis. So we waited, offering unintrusive and respectful support.

After the initial shock of the destruction of American lives, we saw our families re-entering our relationship with them. They invited us back into their homes and used their time in sessions to discuss the recent events. One mother described how her 3-year-old daughter built a tower of blocks and crashed into it, over and over again, after seeing only minutes of a television broadcast on September 11th. Her mother noted with some concern and surprise that her daughter added screams to her block drama, even though the sound was off on the broadcast

she had seen. Another mother reported that her 3-year-old foster son didn't seem to respond at all to the tragedies, until she got ready to go on a trip. Then her foster son told his teacher and his respite foster mother, and all other adults who would listen, that his foster mother was getting on a plane and that a plane had crashed into a building. In our relationships with these families, we were able to help these children heal, and they were able to help us.

As a Division, we recognize with great hopefulness that our efforts in developing relationships with families are successful. Our interventionists are reminded by this experience of the trust that families place with them. Our greatest challenge may very well be our greatest impact on families.

Parent Peer Counselors: *Helping Ourselves and Our Children With Fears*

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Since September 11th, we and our children have been jostled by events that are sad, frightening, and, for many families, tragic. The worst fears of parents have been stirred, and for many of us, there is a new perception of vulnerability. Parents who are poor or targeted by racism have been living with this kind of vulnerability for a long time. Now, all of us are feeling it. The chances of encountering real danger haven't actually changed a great deal for most of us, but we all have to deal with heightened fears now. As Director of Parents Leadership Institute and a parent leader in Re-Evaluation Counseling, I have learned a lot from the parent peer counselors I know in New York City and Washington, D.C.

The parents I am in touch with who live in the disaster zone, whose children saw parts of the attack or whose friends and family members have been directly affected, are doing their best to stay in close touch with each other. They have been using the method of exchanging listening time to offload the many and contradictory feelings they've been having. The simple act of gathering to listen to each other has been helpful. When under stress, people need first of all to be heard, and second, to have the safety and approval of a listener so that they can show outwardly the feelings they try to manage on the inside all day long. Crying, trembling, screaming (the more one felt frightened, the bigger the need to scream out loud to make room for the natural human reaction to disaster), and even laughter are all appropriate and helpful. Feelings of powerlessness breed when we don't have a chance to respond emotionally and vigorously to shocking events. Powerful expression helps us recover our sense of being effective protectors and nurturers.

When under stress, people need first of all to be heard, and second, to have the safety and approval of a listener so that they can show outwardly the feelings they try to manage on the inside all day long.

Many of the people I've listened to have found, in general, that the undercurrent of personal bad feelings they dealt with quietly, day to day, before September 11th, have been magnified by this disaster—the feelings are familiar, but absorb much more of their attention than before. We've also observed that frequently, early experiences in a person's life lay the groundwork for the reactions they are having after this disaster. For instance, a mother who was raised by parents who became emotionally remote when under stress finds herself feeling emotionally remote and numb. A father who was raised by a single, exhausted parent finds himself feeling deeply exhausted, in a replay of the discouragement and tiredness he lived with while growing up. For the families directly affected by the disaster, there are many emotional and practical hurdles to be overcome, and great amounts of help of many kinds are needed and deserved. For the rest of us, self-care is in order. We need to take time to express and release the feelings that weigh us down and make it hard to play, to hope, to laugh, and to enjoy our children again, the same way we need to dry ourselves and our clothes after getting caught in a downpour. We have the power to disperse the emotional clouds that have gathered over our heads.

We can set up listening times with a friend or a small number of friends. Parents agree that each person will be listened to with approval, for a particular amount of time, such as 10 minutes or 15 minutes, without judgment. Each person's reaction to the events is accepted. In fact, the emotions felt will probably change over time. For listening to go well, there also needs to be agreement that what is said will be kept confidential. Each person's feelings can be welcomed and encouraged. We need to grieve or rage openly, to show our fears openly, to talk about the thoughts we can't get out of our heads. Often, we need someone to hold us while we cry. Although it seems counter-intuitive, the time spent crying or trembling is time spent healing from the wounds of these events. The sadness is shed, and the warmth of the listener or listeners seeps into our world view, making the world a more secure place, from the inside out.

For example, I know a Mom whose 3-year-old son saw and heard the plane as it crashed into one of the towers. He was terrified, as was she. She has been rigorous about get-

ting listening time with other parents to cry and rage about the hurt to so many, including her son. Then, she has been able to turn around and listen to him work through his fears at length, which he brings up by feeling like he doesn't want to go outside. She gently encourages him to consider going out, and he can cry, thrash, tremble, and perspire, saying only that he doesn't want to go outside. She holds him close, and tells him it's safe now. He works his feelings through in the safety of her arms. She doesn't say more about the events of that day, unless he talks about them—big events are often too overwhelming for small children to cry about directly. She follows his lead by allowing him to cry hard about wanting to stay inside. This mother's heart aches while she listens. Later in the day, she takes the time to open up her grief with another parent. This gives her the staying power she needs to be available and loving while her son sheds the fears he carries.

In my experience, children are much more likely to relieve their fears through laughter, tears, and talking if their parents have a chance to notice and offload their own fears (with other adults, of course). Children have a keen sense of the emotional space that results from their parent's release of feelings. When the parent has become a little less afraid, sad, or angry, and can follow the child's lead in play, the child then constructs a way to laugh, tantrum, or cry. Play, especially vigorous physical play, provides enough safety for the child to bring big feelings up, to disperse their emotional clouds and absorb the parent's love, which seeps sweetly into them during the laughter or the tears.

Facing Fear to Be Part of The Solution

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I faced the fear when I had to plan a trip to Washington, D.C. I had been on countless airplanes in the past as part of my role as a local evaluator from the University of Miami on the Starting Early/Starting Smart national initiative. This trip was designed to educate policy makers and funders about how service integration within communities can help caregivers who struggle with substance abuse and mental health difficulties access needed services and maximize chances for success for themselves and their infants and toddlers. In some small way, I was part of a larger process designed to focus attention on the systems of care for families with the youngest children, and yet this meeting was to be held only weeks after the September 11th tragedy. As I struggled with my personal fears of boarding an airplane, I began to question how the recent events would impact

Photo: Janet Brown McCracken

our ability as researchers to influence policy for the youngest members of our nation.

During this time, I attended a conference on infant mental health systems and began thinking about a statement made there: "The security of our nation begins with the security of our infants." Should this be our message to policy makers? Some people told me I should go on the trip to D.C. since continuing my job was the best defense against the terrorists. Others reminded me that "advocacy is a matter of giving the right person the right information at the right time" (Kirwan, 2001). How could this be the right time to talk to policy makers about the needs of families with infants and toddlers? Clearly we were not part of the national agenda and we needed to consider how to use our resources wisely. Even before the events of September 11th it was sometimes difficult to focus attention on the importance of services for families with young children. People often asked me, "How can working with infants and toddlers help prevent substance use?" Even our own state struggled with how to preserve services for children while trying to make up the budget shortfalls created in the aftermath of the tragedy. What would this mean for the future funding of these programs? I also wondered about the long-term impact these events would have on the role of the government in promoting the safety and well-being of its families. Would this make it more likely that resources would be devoted towards programs emphasizing the societal responsibility in addition to the personal responsibility for young children?

When the meeting was postponed I had to admit feeling relief, although part of me felt saddened that the events of September 11th had altered this opportunity. Speaking to colleagues has helped me to process how all of this has affected us in a profound way. I was asked to help adapt research and findings based on previous work conducted here in South Florida following Hurricane Andrew to a new workbook to help elementary school children cope with the September 11th tragedy. I helped to raise awareness of the needs of the younger siblings in these families by including some sections on how to help infants

and toddlers. This has helped me find answers to the question that I had asked soon after the terrorists struck, "Why was I so busy worrying about trivial matters when things like this can happen?" I believed, in some small way, that my work would be part of the solutions and I knew that we would continue our struggle to advocate for the youngest members of our community.

REFERENCE

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Recovery and Resiliency After September 11, 2001

NancyAnn Jambor

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I write from the perspective of an early childhood consultant, working with a variety of professionals in planning workgroups, meetings, training settings, and conferences. The hardest thing these days is to be creative, to feel a sense of efficacy in work that was difficult to begin with and now feels even more daunting as social, economic, and political upheavals coalesce in a continuing tsunami. Many people in social service programs have been laid off since September 11th; many more fear they, too, will lose their jobs. My state is officially in recession, and emergency budget sessions are pending at state and local levels. Funding for education, considered sacred a few months ago, is no longer protected. A top-level administrator bluntly acknowledges, in the midst of a community planning session, that the multi-million dollar budget shortfall drags attention from the planned agenda: development of a unifying vision and goals to guide services for children and families.

Many people have told me they went to work in the days following September 11th and found only the most mundane, physical tasks within their capacity. A child care center director told me it was a relief to fold laundry — dozens of cot blankets — when the housekeeper was absent, though she had piles of work on her desk. She could not write the center newsletter, but she could get the laundry done.

A veteran pediatrician stood with me in the corridor of her hospital on the day of September 11th, reluctant to begin her neonatal intensive care unit rounds. "What if I miscalculate the babies' medicine? What if I don't hear the heart murmur?" She doubted her capacity to be sufficiently attentive, because she was so deeply distracted and distressed by the tragedy. She stood with me, looking deeply at my eyes, saying she had to center herself before she could go to the nursery.

A few weeks later, she had regained her ground, *because* of the routines of the nursery. She seems sustained by the immediacy and physicality of the interactions with the babies. Her connection with healing processes is helping her to heal. She tells me she is careful to monitor her own heart, to limit the dosage of daily radio and television coverage she takes, and to stay close to the babies.

One day, I found her waiting for our meeting, sitting on the floor in the office wing of the hospital. I sat down across from her. Immediately, we began talking about how we were coping. We laughed, we wept, then she said, "This is floor time for adults! We need to remember to do this."

An array of social service professionals, attending a conference on building community strengths, became mute as they listened to several articulate, highly regarded speakers address the issues of poverty, racial inequality, and economic marginalization *in this country*, all pre-dating September 11th. They described with stories and statistics the devastating impact risk-riddled environments have on children's development. They challenged participants to conscientiously foster resiliency through their work with children and families.

Toward the end of her presentation, Jane Knitzer, one of the keynote speakers, leaned forward on the table and addressed the group. "Are you all right?" No one answered her for a few long, awkward moments. She acknowledged the deepening distress of doing work to improve the future for children, when the day-to-day realities are so frightening. The session ended on a somber tone.

Where do we retrieve our hope?

I am careful to soothe myself with routines and activities that stabilize me, that help me feel flexible and calm. But I am no longer surprised to find myself in conversations with people I may not even know who disclose their personal stories of vulnerability. I am not surprised to see the many ways people are trying to find others with whom to share the deep stress of the trauma, and the mystery of recovery. It is both heart-wrenching and heartening.

Travelling across the country recently, I saw people brittle with fear, and I saw people step out of line to quietly help someone else. On a plane filled with nervous passengers, I watched as a mother began the intricate process of settling herself and her 5-month-old. The child was leaning out over her arm, his face alight with warming interest in the people nearest him. His eyebrows lifted, his eyes widened, his mouth opened and his entire face smiled. It was an absolutely charming moment of mutual human connection. The baby's smile receded, then bloomed again. From his secure perch, his curiosity glowed. Quick as a flint kindles light and warmth, his smile, fanned by the reciprocal response he received, brought a sense of renewal in human communion. Ephemeral as it was, that moment seemed a treasure trove of joy. And with it, I felt the ineffable charm of hope.

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PHOTO: BARBARA YOUNG

WHAT CAN I SAY WHEN I CAN'T UNDERSTAND WHAT HAPPENED MYSELF?

Supporting Young Children During Frightening Times

On September 11th, and in the days and weeks that followed, many service and educational organizations concerned with the well-being of children and families crafted messages and created materials designed to help parents and other adults anticipate and respond to the emotional needs of young children in their care. Some organizations wrote and distributed simple brochures that could be easily photocopied; others posted information on their Web sites (see Ciervo and Salyers, this issue). A number of leaders of these efforts responded to the invitation to include information about their materials in this issue of *Zero to Three*. We appreciate the contributions of:

- Head Start, George Askew, MD, FAAP, Medical Advisor to the Commissioner of ACYF and Gail E. Joseph, Program Specialist — Mental Health, Head Start Bureau, www2.acf.dhhs.gov/programs/hsb/talking_to_children.htm, *Helping Children Handle Anxiety Related to September 11 Events*
- HIPPY USA (Home Instruction Program for Preschool Youngsters), 220 East 23rd Street, Suite 300, New York, NY 10010, Merle Greene, Early Childhood Education Director, mgreene@hippyusa.org: *After the Crisis — Helping Families Cope With Trauma* (English and Spanish)
- Institute for Infants, Children & Families, Jewish Board of Family & Children's Services, New York, New York, Rebecca Shahmoon Shanok, rss@jbfcs.org: *Grownups Together: Supporting Young Children During Frightening Times*
- Nova Southeastern University, Fort Lauderdale, Florida, Jan Faust, Debbie Glasser, Roni Leiderman, Wendy Masi, Carol Reed, Marilyn Segal, and Kimberly Shaw, pubaffs@nova.edu: *Helping Children Respond to Tragedy*
- Sesame Workshop, Joanne Joseph, Lawrence Balter, Charles Flatter, and Meri Wallace,

Joanne.Livesey@sesameworkshop.org: *Tragic Times, Healing Words*

- Success By 6, United Way of Monterey County, Linda Wollesen, wollesenl@co.monterey.ca.us or success-by6@unitedwaymcca.org: *Grieving* and *Trauma & Stress — Toddlers & Preschoolers*, (English and Spanish).
- Anneke Vinke, Clinical child psychologist/consultant, Bilthoven, Netherlands, av@vanmontfoort.nl

Understanding the Experience of Infants and Toddlers

Taken together, the materials emphasize three major messages related to very young children's experience of the events of September 11th and their aftermath:

1. **Babies and toddlers do experience stress, tension, and grief.**

- Success by 6: "Even babies under a year old may experience stress as they pick up cues from caregivers."
- HIPPY: "Fears, anxieties, and the tense environment that surrounds them are communicated to young children in many ways . . . Young children do not understand what has happened — but they know that something is very different."

2. **Very young children look to adults for comfort — and for cues.**

- Nova Southeastern University: "No matter how old your children are, they are looking to you for strength, support and answers to their questions. Your very first task is to recognize and manage your own emotions."
- Head Start: "Acknowledge and label your own genuine feelings and help children label their own (sad, worried, scared, nervous, mad, etc.).
- HIPPY: "Children need to feel that you — the parent or primary caregiver — are in control. It's okay to cry, to be upset, or to be angry. It is important that your children know that these feelings are okay and that they are not the cause of your feelings."

3. **Children's responses are unique and may be inconsistent with what parents expect.**

- Institute for Infants, Children & Families: "By watching and listening lovingly, you'll learn what your child is experiencing."
- Nova Southeastern University: "Accept and expect a full range of emotions and coping strategies for yourself and your children. Observe your child carefully over a period of time."
- Head Start: "Monitor particularly vulnerable children, including those who have experienced recent loss, who may be refugees from war-torn countries, who have life-threatening illness or a sick family member, or whose parents' work activities are somehow related to the tragedy."
- Anneke Vinke: "Each individual has its own way of coping with trauma, children even more so than adults. Listen to each other, try to focus, and find a way to let the emotions find their own place."

How to Respond: Emotional Availability

Addressing the question of what adults can do to support young children cope with September 11th and its aftermath, all materials emphasized that families or caregivers of young children who were *directly* exposed to disaster or lost a loved one should seek support and assistance for this extraordinary task. For parents and caregivers of other infants and toddlers, Jennifer Mone and ZERO TO THREE Graduate Fellow Zeynep Biringen (biringen@CAHS.Colostate.edu) at the Department of Human Development & Family Studies, Colorado State University, use the framework of "emotional availability" as guidance. They describe emotional availability in terms

Writing To Help HIPPY Families Heal

My name is Merle Greene, and I am a New Yorker. I am also the Early Childhood Education Director for Home Instruction Program for Preschool Youngsters (HIPPY) USA, a not-for-profit community-based organization that serves families from a multitude of ethnic, religious, and cultural backgrounds throughout the United States.

On the morning of September 11th I was in my office on East 23rd Street in Manhattan, preparing to write an article for our national newsletter. Suddenly, news of the attacks on the World Trade Center was broadcast on the radio. As the day unfolded, our office was closed, and I eventually found a route to my home outside the city. The next morning I tried to work from home while I listened to non-stop accounts of the attacks and the calls from people on the hijacked airplanes to their loved ones. As tears flowed, I knew what I had to do for me, for our families, and for our organization — write about dealing with trauma, to help our HIPPY families heal.

I wrote my newsletter article, but still felt there was more to do. I read everything I could about trauma and disasters, drew on my own professional background, and created a booklet, *After the Crisis — Helping Families Cope with Trauma*, that is designed to help families deal with trauma large and small, now and in the future. The booklet, available in English and Spanish, has been distributed to all HIPPY programs across the U.S. for further distribution to parents, as well as to other local organizations, child care facilities, and agencies serving children and families. We also mailed copies to national organizations and to many sites in New York City. Copies are free of charge (contact me at mgreene@hippyusa.org), and anyone is invited to copy and distribute the booklet.

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of the psychological, behavioral, cognitive, and affective presence that one person offers another. Biringen has identified six dimensions of emotional availability — four relating to the parent and two to the child. Each dimension has several components and suggests ways of interacting with a child.

- **Parental sensitivity** involves displaying genuine positive affect in facial and vocal expressions; perceiving the child clearly; awareness of timing; flexibility (being able to "tune in" to the child while managing other tasks); creativity in play and problem solving; and respectful acceptance of the child as an individual. A sensitive parent tries to understand a child's fears and provides a safe haven in facial expression, tone of voice, and actions, as well as in words.
- **Parental structuring**, the second dimension of emotional availability, involves setting limits and providing a frame or scaffold for interactions — in other words, consistent expectations for a child's behavior. Structuring includes maintaining consistent routines and making sure that a child understands that the same rules apply, even though it is normal for a child to "act out" his or her emotions in times of distress.
- **Nonintrusiveness** means "being there" for a child while refraining from overstimulating, interfering, overprotecting, or being overdirective.
- **Nonhostility** may require parents in times of stress to find avenues for venting their anxiety so that they can be calmer and less irritable to their children.
- **Child responsiveness** is reciprocal to parental sensitivity. Babies and young children are likely to be more eager to communicate with adults who show pleasure in their company.
- **Child involvement** refers to the balance between a child's autonomous explorations and interaction with a parent. Parents should know that in times of distress, a child often seeks greater solace from caregivers than usual.

Researchers have found links between observations of emotional availability and unavailability and patterns of attachment, sleep, and language development. The concept provides a grounding for many of the guidelines that are offered parents in simple language – for example, "Spend extra time just being close to your children" (HIPPY) or "Kids communicate when they are ready, often not when we are. When they start — through their expressions, behavior, or a comment — slow down to listen and notice" (Institute for Infants, Children & Families).

When a Breach in Primary Caregiving Occurs

ZERO TO THREE Solnit Fellow JoAnne E. Solchany, of the University of Washington's Center on Infant Mental Health and Development, (jsolchan@u.washington.edu) offers specific caregiving guidelines for children who experience a breach in their primary caregiving relationships. She observes that such children are faced with making a number of adjustments, whether they are chil-

What Happened to the World? Helping Children Cope in Turbulent Times

What Happened to the World? is a 66-page illustrated book written by Jim Greenman, Vice President of Education and Program Development of Bright Horizons Family Solutions, and produced by Bright Horizons, JP Morgan Chase, Mercy Corps, and The Dougy Center for Grieving Children. Designed for parents, educators, employers, and caregivers, the book offers guidance on understanding and supporting children at different ages, answering children's questions, and helping children in child care and school.

Discussing children under 3, Greenman observes:

> They know something is up. Children under age 3 experience tragedy or disaster by absorbing the tension, fear, or hurt of the people they love and the changes in the household or child care program. Even very young babies react when parents are upset or depressed. Two-year-olds are beginning to understand the concept of hurt and may point out hurt people. They also may want to comfort you and others who are upset. Infants and toddlers can only show their distress with the language of behavior: eating (and pooping), sleeping, being contrary, clinging to you, and crying.
>
> Children under age 3 need: normal routines and favorite rituals; a peaceful household; very limited exposure to the media and adult conversations about crisis, disaster, or military engagement; and ample time with calm, loving, reassuring adults.

What Happened to the World? is available in PDF format at www.brighthorizons.com and may be reprinted in its entirety for noncommercial purposes. A facilitator's guide is also available to assist those who wish to hold meetings or training with parents, professionals, and volunteers who work with children and families. The guide includes a comprehensive session outline, support materials, and handouts.

dren who have been placed for adoption, removed from parental care and placed into foster or other familial care, separated from parents due to parental illness, or have experienced the death of one or both parents. They are all faced with the challenge of connecting with another caregiver who can provide them with a sense of security and protection, as well as provide them with the emotional containment necessary to help them through this relationship crisis. This is an enormous job for any caregiver — whether surviving parent, adoptive parent, grandparent or other relative, or foster parent.

Solchany offers the following caregiving guidelines to help these caregivers be proactive in their parenting of the child traumatized within the context of the primary caregiving relationship. They are written here in "parent-ready" form.

1. **Be predictable**, your child needs to take as much of the world for granted right now as possible.
2. **Be empathetic and sensitive** to the many new changes your child has experienced. Try to see things from their point of view.
3. **Be emotionally available for your child** — do not be afraid to share your feelings and your tears but put words to these feelings. Even preverbal children need words help to organize the world. Seeing tears but being reassured that you can be sad or cry, and still love your child teaches your child learn how to accept and deal with feelings.
4. **Don't take your child's behaviors personally.** Children traumatized within the context of their primary caregiving relationships often push away those people they need the very most. They do this through avoiding eye contact, turning away, or even kicking, flailing, or screaming. They often use their entire bodies to show you how they feel. For the caring adult who is trying to nurture and provide for this child, it can feel like rejection — it's not, it is really the child's expression of terror and feelings of powerlessness.
5. **Pair words with actions** — your child needs to have words for what is happening. Even the preverbal child needs words to help with the organization of what goes on around him/her. Say *I love* you, use reassuring words; explain — in simple terms — what is happening.
6. **Interact with expectation**, in other words interact with your child as if s/he has reacted to you in the way you wanted or expected her/him to. If your child is turning her/his head when you come to pick her/him up, it will be important to pretend as if your child looked at you and reached for you with open arms. This is particularly important for the child who is behaving in a withdrawn or shutdown fashion.
7. **Follow your child's lead — join them where they want to be.** This provides your child a sense of power and control during a time when everything around them seems out-of-control and at the same time provides them with the boundaries and sense of protection they need to understand that things that have happened are their fault.
8. **Make eye contact as often as possible, even for brief periods** — this provides a very human connection and decreases the sense of being alone during difficult circumstances.
9. **Expect and prepare for whininess, clinginess, and tantrumming; and, plan to stay and see it through.** Avoid leaving your child alone with difficult feelings, your presence provides a container for these emotions as you are a grown-up who is bigger than these "out-of-control" feelings. You provide calmness, nurturing, and protection. Children need support to work through the grief and other feelings brought on by trauma of any kind.
10. **Continue or create rituals and routines** to help organize what goes on in the home and in a child's life. These help support predictability, frame the day-to-day activities of life, and organize thinking. Continue as many of the rituals and routines that were present in the child's life before the changes in caregiving.
11. **Never let their feet touch the floor!** Hold your baby, touch your baby, and wear your baby. Carry them and hold them on your lap as often as possible.
12. **You cannot spoil this child!** Meeting your child's relationship needs helps your child become confident and secure, allowing them the inner resources to be able to navigate life and interact with others.

Implementing these guidelines for caregiving the traumatized child provides a proactive measure of support, balance, and security within the child-caregiver relationship. Children require these elements in order to help them work through the past, deal with the present, and navigate the future.

PHOTO: JANET BROWN MCCRACKEN

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PHOTOS: J. VANCE DAVIDSON

A GARDEN OF PEACE

EMMA MILLER, D.DIV.
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Just over a month after September 11th, a group of small children, accompanied by some family members, did what they could to heal hearts and the earth in western North Carolina by planting a Garden of Peace.

The Garden of Peace was a response to a suggestion from a mother of three shortly after the September tragedy. She told me that she thought that it would be a good idea if her children, along with other children, could do something meaningful for our nation at this time. She thought about the children planting flower bulbs in local public places, creating "Gardens of Peace." As we spoke, several benefits came to light:

- Children could actively participate in the helping effort since flower bulbs are small enough for even very young children to handle;
- Children could restore an appreciation for some of our most cherished values, for example, caring, cooperation, and beauty;
- American soil would receive healing;
- Positive feelings and wishes could be shared;
- Local communities could be beautified: and
- Themes of peace could spring up in every American community.

The vision of Cooperative Extension Offices/Millennium Gardening Projects, local Chambers of Commerce, schools, or community clubs partnering with children's groups to produce attractive places in every American community was appealing. Especially at that time, it appeared vital to facilitate a way in which all citizens could reflect upon something greater than themselves and be reminded that a peaceful future in a peaceful country is possible. I sent e-mails to the U.S. Department of Agriculture and the U.S. Chamber of Commerce with the hope that this excellent proposition might be considered nationwide. Meanwhile, I began to explore interest within my region.

As an Early Learning Specialist with Region A Partnership for Children, I contacted families that participated in our Community Early Learning Groups to see if they might be interested. The Region A Partnership for Children administers North Carolina's Smart Start Initiative in the seven westernmost counties of the state and on the Cherokee Indian Reservation. The overall goal of the Partnership is to ensure that all children arrive at school healthy and prepared to succeed. Through the Community Early Learning Groups, parents receive assistance and support in forming and conducting "community classrooms" for children who are not in child care. Many families throughout the area responded positively to the idea of a garden.

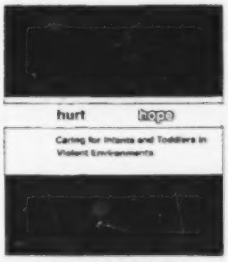
Families and Partnership staff were excited with the prospect of planting a Garden of Peace in front of the Partnership building in Sylva, North Carolina. Businesses and private individuals donated daffodil bulbs and supplies. Volunteers prepared the space. Parents with children, prenatal to pre-kindergarten age, planned the ceremony.

On October 19, the children and their parents gathered at their community classroom, a church just two blocks away from the garden site. The little ones created markers for the bulbs. A parent then read a fitting story about loving around the world. With a bulb marker in one hand and a seed of peace in the other, each child paraded to the garden with an expectation of good. They were met by our Board Chair and staff who talked about seeds and how they grow and flower when nourished by that which makes them thrive.

Small hands gently placed the bulbs. Buckets of earth were distributed and poured. The children softly patted the soil and shared the watering can. Children, from prenates to age 3, parents, staff, and community members witnessed the message of healing, caring, and peace with the promise of spring. Until the flowers bloom, the markers stand as a testament to this community effort. Just as we affirm that our children can flourish when nurtured, we now have a lasting reminder that peace can, too.

Violence & Its Impact on Very Young Children

Resources from ZERO TO THREE



Caring for Infants & Toddlers in Violent Environments: Hurt, Healing and Hope
Joy Osofsky & Emily Fenichel, Editors

Describes what it means to be a parent in violent environments, addresses the expanded concerns of caregivers, and discusses possible intervention and treatment strategies.

(pub #200) $12

Children in a Violent Society
Joy Osofsky, Editor

Examines the impact of violence exposure on young children and youth, discusses existing programs, and proposes new approaches to the problem.

(pub #R117) $22

The Safe Havens Training Project: Helping Teachers and Child Care Providers Support Children and Families Who Witness Violence in Their Communities
Family Communications, Inc. with the Child Witness to Violence Project at Boston Medical Center

(pub #R239)$195

Examines the violence children are witnessing, its effects on their development and what teachers, parents and community members can do to respond. Presents a three-part video-based training program including the workshops entitled, "The Violence Children Can See", "The Power of Our Relationships" and "The Need To Be Heard."

Protecting Young Children in Violent Environments: Building Staff and Community Strengths
Joy Osofsky & Emily Fenichel, Editors,

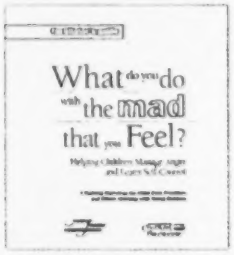
Draws on a decade of research to present case studies of actual child, family, and therapists' experiences and the long term impacts, describes program designs, training initiatives, and violence prevention strategies, offers preliminary findings from ongoing research, and shares reflections from families, practitioners, and public leaders to provide valuable lessons.

(pub #237) $12

Islands of Safety: Assessing & Treating Young Victims of Violence
Joy Osofsky & Emily Fenichel, Editors

Helps readers recognize the full range of symptoms and behaviors that may stem from young children's exposure to violence, support those giving care to traumatized children, and design and carry out treatment plans.

(pub #132) $12



What Do You Do with the Mad That You Feel? Helping Children Manage Anger and Learn Self-Control
Family Communications, Inc.,

Offers training materials that include a variety of activities, video clips, and handouts to provide information about the stages of development in the area of managing anger. Contains facilitator's guide with complete instructions for leading the workshop along with a videotape.

(pub #R240) $45

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ZERO TO THREE Honored as One of America's 100 Best Charities

Worth magazine named ZERO TO THREE as one of "America's 100 Best Charities," noting particularly its efficiency and effectiveness in helping parents, programs, professionals, and policymakers improve the lives of infants and toddlers.

In selecting the 100 best charities, *Worth* examined over 3 years' worth of tax returns, annual reports, and statements of individual charities to determine which charities are putting donors' money to work efficiently. *Worth* also consulted

philanthropy experts on which charities they thought were effective in carrying out their missions, and consulted the headers of the charities to learn about their own operations and, more tellingly, about those of their peers.

ZERO TO THREE is proud to be included in this listing of such exceptional charities. We are equally proud that, as a result, our nation's infants and toddlers are receiving some of the recognition that they deserve.

The Editorial Mission of the *Zero to Three* Bulletin

To provide a forum for thoughtful discussion of important research, practice, professional development, and policy issues in the multidisciplinary infant, toddler and family field.

The Mission of ZERO TO THREE: National Center for Infants, Toddlers and Families

ZERO TO THREE is a national nonprofit whose mission is to promote the healthy social, emotional and intellectual development of our nation's infants and toddlers by supporting and strengthening families, communities, and those who work on their behalf.

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